

DOCUMENT RESUME

ED 155 837

EC 110 597

TITLE A Conference of Hope.
INSTITUTION American Printing House for the Blind, Louisville, Ky. Dept. of Educational Research.
PUB DATE Sep 77
NOTE 105p.; Proceedings of the Historic Helen Keller World Conference on Services to Deaf-Blind Youths and Adults (1st, New York, New York, September 11-16, 1977)

EDRS PRICE MF-\$0.83 HC-\$6.01 Plus Postage.
DESCRIPTORS Braille; Communication (Thought Transfer); Community Role; *Community Services; Community Support; Conference Reports; Daily Living Skills; *Deaf Blind; Education; Employment Potential; Identification; Multiply Handicapped; Needs; Older Adults; Organization; *Special Services; Workshops

ABSTRACT

Presented are the proceedings of the First Historic Helen Keller World Conference on Services to Deaf-Blind Youths and Adults, held in New York City in September, 1977 on the theme "The Deaf-Blind Person in the Community." Reports have the following titles and authors: "Definition, Demography, Causes and Prevention of Deaf-Blindness; Finding and Identifying Deaf Blind Persons" (J. van Dijk), "Working With Organizations of the Deaf-Blind" (S. Ohlson), "The Deaf-Blind Maturing Youth and Active Adulthood--Needs and Services" (L. Bettica), "The Deaf-Blind Person in Old Age--Needs and Services" (I. Lindgren), "Communication Through Manuals, Codes, Retrained Speech, and Technical Devices" (K. Baaske), "Braille Resources for the Deaf-Blind Person--What They Are and What They Could Become" (F. Cylke), "Life Skills--Basic Self-Care for the Deaf-Blind" (R. Smithdas), "Secondary, Higher and Correspondence Education for the Intellectually Able" (E. Macdonald), "Workshop and Self-Care Centers" (R. Mareeva), and "The Deaf-Blind Person in Open Industry" (R. Prause). Also included are summaries of discussion groups, and various addresses. (DLS)

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INFERENCE OF HOPE

PROCEEDINGS OF THE FIRST HISTORIC HELEN KELLER WORLD CONFERENCE ON SERVICES TO DEAF—BLIND YOUTHS AND ADULTS

*Sponsored by: The Committee on Services to the Deaf-Blind
of the World Council for the Welfare of the Blind*

Host Agency

Helen Keller National Center for Deaf-Blind Youths and Adults
Operated by The Industrial Home for the Blind

CONFERENCE THEME

"THE DEAF—BLIND PERSON IN THE COMMUNITY"

September 11—16, 1977

Statler Hilton Hotel

New York City, New York - U.S.A.

Headquarters

WORLD COUNCIL FOR THE WELFARE OF THE BLIND

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75007 Paris, France

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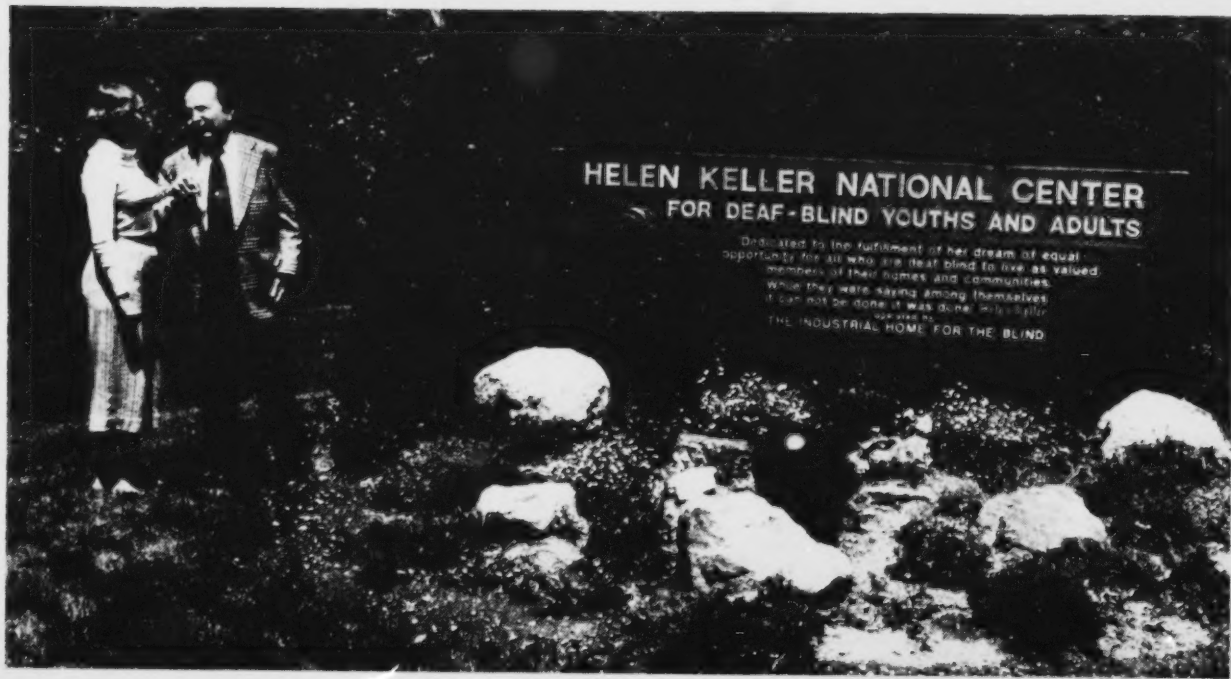
HELEN KELLER



Dr. Edward Waterhouse, Former Director of the Perkins School for the Blind and Past Chairman, WCWB Committee on Services to the Deaf-Blind.

Dr. Richard Kinney, President of Hadley School for the Blind, Chairman of the WCWB Committee on Services to the Deaf-Blind and Chairman of the Helen Keller World Conference.

Dr. Peter J. Salmon, Past Chairman, WCWB Committee on Services to the Deaf-Blind, Founder of Helen Keller National Center, Administrative Vice President of The Industrial Home for the Blind.



Tommi Goins, a professional trainee at the Helen Keller National Center, and Dr. Richard Kinney, President, Hadley School for the Blind, at the entrance of the Helen Keller National Center for Deaf-Blind Youths and Adults, which is located in Sands Point, New York, U.S.A.

FOREWORD

Though the proceedings in this volume cannot hope to convey the spirit of hopeful expectancy, excited comradeship, that permeated the Conference itself, these papers contain many facts and much insight. They also contain, especially in the Declaration, the aspirations of a group that, too long inarticulate, has at last found a voice and has raised that voice in a message the enlightened world should hear.

At the next Helen Keller World Conference, we will need to consider a Declaration of Responsibilities of Deaf-Blind Persons to complement the Declaration of Rights of Deaf-Blind Persons adopted at this meeting.

At the next Helen Keller World Conference, we will wish to devote special attention to the rights and responsibilities of interpreters, their viewpoint, standards, development, and recognition.

At the next Helen Keller World Conference—but you perceive the point? History is cumulative! The dramatic first conference having convened and having been found good, other conferences will follow with rising momentum till, step by step, goals delineated in New York have been substantially achieved.

As Conference Chairman and Chairman of the Committee on Services for the Deaf-Blind of the World Council for the Welfare of the Blind extend deep thanks to every person mentioned in these pages and to thousands of persons whose names may never be known. This was a GLOBAL conference, humanity-wide. In light or in shadow, in sound or in silence, may its fruit bring benefit to all who live upon the earth and aspire to live more fully!

Richard Kinney
Conference Chairman

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ABDALLAH M. AL-GHANIM PRESIDENT OF THE MIDDLE EAST COMMITTEE, WORLD COUNCIL FOR THE WELFARE OF THE BLIND SAUDI ARABIA

Mr. President, Ladies and Gentlemen,

On behalf of the World Council for the Welfare of the Blind I extend my thanks and appreciation for the responsible persons who arranged for convening this World Conference, particularly Dr. Richard Kinney. It is a good opportunity to participate in this conference with its noble objectives, and to meet a good number of people who have dedicated their lives to the services of the handicapped.

The last few years of our work in this field have revealed clearly that efforts are being unified and meetings repeated convened with the hope of providing the handicapped with the best possible services.

If some handicaps that blast thousands of persons in the world form human and social problems which can only be alleviated by making continuous efforts, and taking all measures to control them, therefore the double handicap such as deaf-blindness is more dangerous to the life of handicapped. Thus we ought to take examples from the bravery and determination of Helen Keller. I am sure that your conference will adopt the best methods for the welfare of the handicapped with full care and complete attention.

ADDRESS OF WELCOME

To Delegates to the Helen Keller World Conference on Services to Deaf-Blind Youths and Adults

By Robert J. Smithdas, Director of Community Education, Helen Keller National Center for Deaf-Blind Youths and Adults

Delegates, observers, and friends:

It is an honor for me to welcome you to this first international conference on services to the deaf-blind, an event which may lead to a far brighter future for deaf-blind people throughout the world. This is an historic occasion for all of us who are sincerely dedicated to the welfare of the deaf-blind, and it will be a privilege for us to share the knowledge we have gathered from our work in the education and rehabilitation of those who have the dual handicap of deafness and blindness.

Progress in serving the deaf-blind is at least fifty years behind that of other groups of the handicapped. It has only been within the past 25 years that we have made substantial strides in assisting deaf-blind people to achieve a greater measure of independence and a fuller share of happiness as active members of society. Other groups of handicapped persons have always been larger, better organized, and more militant in asserting their needs for service. But with enthusiasm and sincere interest in the welfare of the deaf-blind, and the belief that they have a right to human dignity that is common to all mankind, we should be able to overcome the neglect and isolation which have retarded progress in the past.

It is true that there are many problems of education and rehabilitation which still remain unsolved, but if we share our knowledge we will eventually find the necessary solutions, thus providing greater opportunities for the deaf-blind than they have ever known before. Today there are deaf-blind persons who have attained college degrees and who are now employed as professional workers; others are being placed in competitive jobs in industries where they are employed as machine operators and technicians. But we must remember that these achievements are merely a beginning, that we have not fully explored all the latent possibilities, and that there are still untapped opportunities for deaf-blind persons who have talent and ability.

Hope is a waking man's dream, the substance of life that makes each one of us strive for success. We need to believe that disabilities—even those as severe as loss of both sight and hearing—can be overcome with proper training and sympathetic, constructive understanding; that hope can be rekindled in the human spirit and new goals can be set and achieved.

MILOŠ BJELIĆ
SOCIAL WELFARE OFFICER OF THE UNITED NATIONS

I am very grateful for this opportunity to meet you here and to outline, in a very brief way, some of the United Nations activities in the field of rehabilitation of the disabled related to the main subject of your conference: "The Deaf-Blind Person in the Community".

Integration of disabled persons into the community life has indeed proved to be one of the most important goals of the whole rehabilitation process requiring co-ordination of various rehabilitation services, including participation of disabled persons themselves and, of course, the readiness of the communities where they live to accept participation of disabled persons in economic, social and political aspects of life in these communities.

The United Nations Declaration on the Rights of Disabled Persons, adopted by the General Assembly on 9 December 1975, proclaims in its article 6 the right of disabled persons to rehabilitation services in order to enable them to develop their capabilities and skills to the maximum and to "hasten the process of their social integration or reintegration". You will certainly notice that the Declaration is speaking about the rights of disabled persons. It is our common experience that without the necessary services and without favourable conditions for their medical, vocational and social rehabilitation and education, the basic human rights of disabled persons may be adversely affected and chances for their community integration seriously hampered.

Obstacles affecting the process of social integration of disabled persons into community life, particularly those related to various still existing forms of prejudice and discrimination, were discussed at the United Nations Expert Group Meeting on this subject held in Geneva from 28 June to 5 July 1976. The report of this meeting is now published and, together with the copies of other documents I have mentioned here, is made available to the participants of this conference.

However, the main concern of the United Nations and its specialized agencies' activities in the field of rehabilitation of disabled persons remains to be the provision of assistance in organizing various rehabilitation services for persons living in the developing countries. These activities are done in close co-operation with various non-governmental organizations. The study entitled "Rehabilitation Services for the Blind in Developing Countries", published for the United Nations by the World Council for the Welfare of the Blind in co-operation with Helen Keller International, is an example of such activities and we hope that the study will be useful for the participants of this meeting. Also, the results of your conference will be a useful contribution to the study on social integration of severely disabled persons which is presently being prepared by the United Nations Secretariat.

Various problems of disabled persons, particularly those living in developing countries, will be considered during the preparation for, and in the period of, celebration of the International Year for Disabled Persons, 1981, which has been proclaimed by the resolution 31/123 adopted in 1976 by the United Nations General Assembly. The theme of the Year will be "full participation".

The programme for the International Year for Disabled Persons is being prepared for adoption by this year's (thirty-second) session of the United Nations General Assembly and will contain proposals in the field of rehabilitation of disabled persons made by the Governments as well as by governmental and non-governmental international organizations interested in this field. Among them is also the contribution received from the World Council for the Welfare of the Blind.

The International Year for Disabled Persons will be an opportunity for all of us to achieve better observance of basic human rights of all categories of disabled persons and to create more favourable conditions for their social integration.

Boyce R. Williams
Director, Deafness and Communicative Disorders Office
Rehabilitation Services Administration
Department of Health, Education, and Welfare
U.S.A.

It is an honor and a privilege to join our mutual hosts to welcome you to this historic meeting, the **Helen Keller Conference on Services to Deaf-Blind Youths and Adults**. I bring you warm greetings from Secretary Joseph Califano of the United States Department of Health Education, and Welfare, from Assistant Secretary for Human Development Services, Arabella Martinez, from the Acting Commissioner of the Rehabilitation Services Administration, Joseph Mottola, and from my deaf colleagues throughout the country. We all share deep admiration for your commitment to more and better services for deaf-blind people over the world. We anticipate that your deliberations this week will improve sharply the focus of rehabilitation service delivery to deaf-blind people and generate activity that broadens and extends awareness and acceptance of the capacities for independent living of these seriously handicapped people.

For many years as a member of the Committee on the Deaf-Blind of the World Council for the Blind I have had the benefit of observing and sharing a bit the inspiring work for deaf-blind people of Peter Salmon and his associates. I freely confess great and enduring envy that rehabilitation work for blind people and the deaf-blind shared the high level of political sophistication, awareness, accountability, and competence that Peter and his team consistently demonstrate. To reduce to some extent the wide gap in effort, between the blind and the deaf in service delivery throughout the vocational rehabilitation movement, I freely admit to outright scheming to recruit into deaf work some of these brilliant people. While success has been only partial, the benefits to deaf people and to the deaf-blind have been many.

This thinking has its roots in my first visit to the Industrial Home for the Blind where I talked to each of the 42 deaf-blind persons at work in the shops, learning to my amazement that 39 of these men had been educated as deaf students before the onset of their serious vision handicaps. Clearly, professional and voluntary work for the blind had recognized a great need and moved effectively to meet it among a population that might originally be labeled as psychologically deaf.

In the intervening years awareness of the need for and efforts to incorporate diagnostic and training techniques rooted in the psychology of deafness have been ascendent. Out of this movement deaf-blind people will surely benefit greatly. Your thinking and discussion this week and in your home communities will inevitably add important dimensions. Important involvement by our Deafness Research and Training Center at New York University in improving manual communication with deaf-blind people and in diagnostic and evaluation techniques provide valuable guides.

These remarks transcend what you have probably expected in a welcome speech. If so, I am pleased. If they stir your thinking to the levels of concern and action, I am more than pleased.

Godspeed!

The City of New York
Office of the Mayor
New York, N.Y. 10007

August 18, 1977

Mr. Peter J. Salmon
Administrative Vice President
The Industrial Home for the Blind
57 Willoughby Street
Brooklyn, New York 11201

Dear Mr. Salmon:

A scheduling conflict prevents me from personally greeting those attending the Helen Keller World Conference on Services to Deaf-Blind Youth and Adults, but I want you to know how much I appreciate your kind invitation.

Just as Helen Keller's courage and brilliance inspired people throughout the world, the delegates to this conference, and those who serve deaf-blind youth and adults, are an inspiration to all New Yorkers.

I welcome you all to New York City, and place the facilities and staff of The Mayor's Office for the Handicapped at your service. And I extend an especially warm welcome to Dr. Richard Kinney, chairman of the conference.

May I also extend my very best wishes for a successful and productive conference, and in all your future endeavors.

Sincerely,

Abraham D. Beame
Mayor

TRIBUTE TO HELEN KELLER

Eric T. Boulter

Director-General,
Royal National Institute for the Blind,
London, England

As we assemble here from all corners of the globe, sighted, blind, and deaf-blind, united in common cause to improve the circumstances and extend the opportunities open to deaf-blind people everywhere, we pay homage to the memory of that illustrious lady and colleague, Helen Keller.

They called her "the world's First Lady of Courage"; in her earlier days they called her "the miracle child of Tuscumbia". She was often referred to as being a legend in her own time, or the international ambassador for the blind and the deaf-blind. Of course, she was all these things, but to those of us who knew her and all those who have benefited so greatly and so directly from the impetus she gave to the development of greater governmental and public understanding of the aspirations and of the abilities of the deaf-blind people of the world, she was so very much more.

She was our inspiration; she it was who lighted our way; she it was in company with her incomparable teacher, Anne Sullivan Macy, and later that magnificent person, Polly Thomson, who opened up a broad vista of an achievable future containing a new way of life from which deaf-blind people would not be excluded but in which they would participate happily and constructively as full and equal members. Had she not lived and triumphed so gloriously over those cruel handicaps which so many of you well know, it is unlikely that we should have gathered here today with the firm belief, nay certainty, that through our joint resolve and through the effort that we shall bring to our labours, new and broader pathways yet will be revealed towards the bright horizon that we envisage for the deaf-blind people of our lands.

Helen Keller is no longer with us—no more will the legislators of the world hear that rather plaintive voice which she so painstakingly acquired pleading for the enactment of laws for the education and rehabilitation of blind people and deaf-blind people, and for the prevention of blindness, but the statute books of countries around the globe give ample testimony to the effectiveness of her pleading. Throughout her working life, she devoted herself unceasingly to the task of promoting the opportunity of more purposeful living for her blind and deaf-blind colleagues in every part of the world. She was the living embodiment of all that we sought and are now seeking to achieve. She was the catalyst of so much of our thinking and planning, our guide and our mentor.

Helen Keller's credo on behalf of the blind and deaf-blind, and other deprived people for whom she laboured so diligently, may be summed up in something which she once wrote: "Every human being has undeniable rights which, respected, render happiness possible. The right to live his own life as far as may be, to choose his own creed, to develop his own capabilities". Surely, this is the objective that we must keep before us as we proceed with our work this week; and if we bring to our tasks all the wisdom and effort of which we are capable, we may experience something of what Helen had in mind when she wrote: "The joy of surmounting obstacles which once seemed unremovable, and pushing the frontiers of accomplishment further, what joy is there like unto it. For when we do the best that we can we never know what miracle is wrought in our life or in the life of another".

Helen Keller has given us the tools to fashion a new world for deaf-blind people in even the remotest corners of our earth. We must take them up and use them to construct the only form of memorial that would have won her approbation. It must take the form of a worldwide network of services, statutory and voluntary, for the benefit of blind and deaf-blind people, to ensure that wherever possible the confining disabilities of blindness and deafness will be prevented or ameliorated, that education, rehabilitation, vocational training, employment and general welfare activity will be provided and that deaf-blind children and adults will come to experience the joy of normal living as accepted members of their own communities.

Let us then pledge ourselves to construct this memorial to Helen Keller. It will take the form of transformed lives for deaf-blind people everywhere and changed attitudes towards them by those who see and hear; together we can write another glorious page in the endless chronicle of man's quest for social equality. It will be no easy task, but as we labour together let us be guided by Helen's own belief that "it is for us to pray not for tasks equal to our powers, but for powers equal to our tasks".

KEYNOTE ADDRESS
DR. PETER J. SALMON
FOUNDER AND ADMINISTRATIVE VICE-PRESIDENT
HELEN KELLER NATIONAL CENTER FOR DEAF-BLIND YOUTHS AND ADULTS
SANDS POINT, N.Y. U.S.A.

Delegates, Observers, Ladies, Gentlemen:

You honor me greatly by giving me the privilege of addressing you today. I welcome you heartily on behalf of the Committee on Services to the Deaf-Blind of the World Council for the Welfare of the Blind. This is the first world conference for deaf-blind youths and adults. It is also an historic occasion which you and I are privileged to participate in together. It represents a dream that Helen Keller had, that one day the nations of the world would work together in a joint approach toward the solution of the problems of deaf-blind persons. Today is that day, and this week we hope will represent the best thinking and actions by all of us toward the goal of providing a better day for them everywhere. Indeed, the results of this gathering could represent their Magna Carta. This will depend entirely on how we approach our tasks and what we expect. You are the leaders in this field and your combined efforts should produce some outstanding advances in services on their behalf.

One of our tasks is to begin a movement that will change for the better the image of deaf-blind persons, with full recognition of their ability to take their rightful place in human society. Some progress has been made during the last quarter of a century toward this end, but a great deal remains to be done. Just take a simple matter such as the habit that many people have of addressing deaf-blind individuals in the third person; that is: "What does he want?" or "Where does he want to go?"; instead of "What do you want?" or "Where do you want to go?". If this practice became universal, it would raise their status immeasurably. In fact, it is an insult to deaf-blind persons, unintentional as it may be, to address them through another person. It will take some time to change this habit but with an earnest effort, it can become the customary approach. Another important matter is belief in the deaf-blind person and setting high goals for his training, his placement in the situation best suited to him and, above all, a firm determination to dissipate the myth that has existed that all deaf-blind persons are unemployable. There are a number of persons at this conference that can verify the fact that given the opportunity and training, they can achieve as large a percentage of job placements as blind persons who have gone through a full rehabilitation program. We are speaking here of employment in accordance with their abilities, whether it be homemaking, employment in sheltered workshops, or competitive employment. As recently as ten years ago, at a very large

meeting, one of our leading workers for the blind in the United States stated emphatically that deaf-blind persons were "vegetables" and that it was impossible to rehabilitate them. This statement has bothered me over the years, but I don't have to tell you that the intervening years has proved this statement totally wrong. In fact, it was a shameful utterance, but it represents the belief that prevailed even ten years ago. The work that you and I, and others, have been doing has changed the image of deaf-blind persons to one of ability to achieve, if given proper training and opportunity.

There have been many break-throughs in several countries of the world with many outstanding achievements by deaf-blind persons, including a number who have demonstrated their ability to succeed in higher education. Many changes have taken place which enhance their daily lives. Some of these have been the Optacon and various computer devices. Reading matter has proliferated. There is more access to ongoing current events through a larger number of braille magazines, and other aids that are available. There is a special device for warning individuals or groups of fire drills, and in facilities for the deaf-blind, the time for classes or meetings. There are also many devices still on the drawing boards, and some at the stage of being field-tested. With all of this, there still is one overriding problem which deaf-blind persons have to face, and that is his periods of extreme loneliness. I have heard this expressed in most poignant terms by Dr. Robert J. Smithdas. One would think that Dr. Smithdas with his great capacities would never be lonely, but as he says, this remains one of the greatest problems to overcome. What is needed is more human contact and this is not easy to obtain. We all need the friendly touch of a member of the family, a friend, or a neighbor. Also, all human beings, no matter what their station in life, have a need from time to time of privacy. One who cannot live with himself is hardly able to live with others. We need to take the opportunity to think out our various problems and to develop ways of overcoming these. Being alone and uninterrupted for a period of time gives the opportunity of reflection and picking up loose ends of our lives. Later, if need be, these can be discussed with friends or other persons in whom we have confidence. Deaf-blind persons are social beings, even as you and I may have emotions, expectations, and hopes. Those of us who are not deaf-blind should give recognition to this fact and help wherever possible in providing the means for deaf-blind persons to have privacy. We have been cognizant of this at the Helen Keller National Center in very substantial ways which you will note when you visit the Center on Thursday.

One of the greatest privileges in life is the opportunity to work closely with deaf-blind persons. This is particularly true in the one-to-one relationship that should exist in all programs of training and rehabilitation. It is amazing to find the great response that deaf-blind persons give to those who evidently wish to be helpful to them and this is true without the ability to communicate readily with them. The friendly touch of another person is translated immediately to a remarkable degree. Both professional and non-professional persons will attest to this interesting and unusual phenomenon.

I hope that I have not disappointed you in this so-called keynote speech. Ordinarily a good keynoter will interject some levity and humor, but I am not overly impressed with speeches that have high sounding words and promises, but with no serious content. I know that this conference will be the kind of meeting that will develop some positive actions. One of the most hopeful of these is the "Declaration of Rights of Deaf-Blind Persons" which will be discussed later on in the week. I trust that this will summarize the rights of deaf-blind persons in a manner that will prove to be useful and helpful, and indeed represent their Magna Carta.

I have been reading this message to you and this is the first time in my life that I have been able to do so comfortably. I go back for more than fifty years, when I learned Braille at the Perkins School for the Blind, for which I am grateful. In 1952, The Industrial Home for the Blind established the first Low Vision Center in the world, at which time I was still reading Braille. Over the years, with special magnifying lenses, I have been able to read the telephone direc-

tory which, as you know, is in very small print. But I still had a problem because last year I tried to give a speech written in large type, but was unable to do so as I did not have the proper lighting. I am legally blind. I have myopia, astigmatism, and a lack of pigment which makes me stare in order to see an object or objects before me.

I made up my mind that I would participate in finding a suitable means for reading my speeches. The architects of the Helen Keller National Center promised to provide a device such as this so that I could stand up before a group and be comfortable, but they failed to do so because the engineer who was assigned to take care of this left the firm. I worked with our Low Vision Center and the Helen Keller National Center and they devised this closed circuit television setup. With this device, I can now see clearly. In fact this is the first time I have been able to read a speech with ease, and I am grateful to all who helped me. I know this will help other blind and deaf-blind persons who have a visual problem similar to mine.

God bless you all.

**KERRY WADMAN
CONSULTANT ON DEAF-BLINDNESS
OFFICE OF THE COORDINATOR, DEAF-BLIND SERVICES, ONTARIO DIVISION
CANADIAN NATIONAL INSTITUTE FOR THE BLIND
CANADA**

A logical mind is what compels any human being to pursue goals, whether set by himself or by others. A sound mind enables one to make decisions in varying circumstances and allows one to overcome frustration and the fear of defeat. A well-balanced mind does not need the body functioning perfectly. With this in mind, view the deaf-blind person essentially as a human being, with mental capabilities that are not related to his disabilities.

A deaf person does not appear to be handicapped by his loss of hearing, but he is impeded. To overcome his loss of information due to his hearing impairment, he takes advantage of his eye sight to read and write, and develops another language by improving the art of finger-spelling, signing, and gesturing to the point where ideas are imparted and received by various head, hand, arm, and body configurations. If he is unable to do this directly, translators, or interpreters are employed.

The blind person, bereft of vision, compensates by improving his awareness through hearing, learns to judge distances, and recognizes much in his environment by discriminating different sounds. The modulation in a voice will enable him to imagine facial expressions. Touch-reading and radio is available to him so that he may continue to remain informed, and function very well.

As the deaf person uses his eyes more, and the blind person depends on his ears, three other senses become increasingly useful: smell, taste, and touch. A deaf person will smell smoke, and see the fire, though he will not hear its crackling. The blind person, alerted by both smelling the smoke and noting the direction of the crackle, will ascertain where it is. Many things that normal people take for granted, are made up of vibrations, odours, or textures that reveals a lot to the deaf person or the blind person.

The deaf-blind man, however, is unable to make either one of these senses compensate for the other. Where does this leave him? He lives in a void of darkness and silence, in a world as big as the scope of his extended arms. He is aware of his world through smell, taste and touch: smells that divide familiar people from strangers, taste that identifies the food and drink he cannot see, and vibrations that belong to machinery, and traffic. Unlike the deaf or the blind he is pretty well isolated from ongoing activities beyond his reach.

Let us agree, however, that there are very few "pure" cases of deafness, blindness, or deaf-blindness. Most human beings with a combined audio-visual impairment have diverse amounts of residual hearing or vision, or both. The amount of sight and hearing remaining to any dually-impaired individual, influences to a tremendous degree, his ability to function independently.

All deaf-blind must be regarded as unique individuals who have varying capabilities to learn, and possess wishes and desires peculiarly their own. Deaf-blindness is no more a handicap than a lost limb or two — as long as the loss remains a physical one, or a disability, rather than a mental one, which is then a handicap. Many people with their faculties intact are often more handicapped than their disabled counterparts.

With the great advance in technology, all disabled persons are enjoying more opportunities to enhance their lives. Many devices are available to help deaf-blind persons cope with life, work out his problems, and plan his work and play. These should be regarded in the same way as eye-glasses, or crutches are regarded — means whereby a human being is not prevented from participating in society.

Some deaf-blind people are endowed with a certain something right from the beginning. This something I can only call "guts" for lack of a better word. The quality that drives a person to overcome frustration, learn from past experiences, and stay in the race, handling both successes and defeats, cannot be taught. Another person, like a device, can provide stimulation and opportunities in plentiful supply, situations and experiences, of which the deaf-blind person may take advantage and thus enhance his selfhood.

Many deaf-blind persons have the same capacity for work and the potential for learning as anyone else. They may be even more able to do a job or relay information than a normal person because they are less subjected to the disruptions of their environment. All they wish for is the opportunity to prove themselves.

Whatever a normal person wants to do, become, or achieve — the deaf-blind are not different. They have their hopes of becoming independent, free, and happy citizens, like anybody else. They want the satisfaction of having done their own work and receiving their own rewards — well earned. The inhibitions and limitations provoked by loss of sight and hearing do not prevent the deaf-blind from dreaming about the future. The youngest deaf-blind can reach for the moon like anyone else.

If a person works for the sheer enjoyment of working, it should be of minimal concern to his employer and fellow workers that there is any disability present. Most deaf-blind persons, given responsibility, desire only to function so as to achieve the satisfaction of executing that responsibility well.

I would like to remind you that the mind of a deaf-blind person is rarely affected by his disability, and it should not be necessary for me to tell you that an unaffected mind is what makes the human being easy to relate to. Our problems are not so much related to our disabilities as to the stigma society has attached to them. Society, being uninformed, tends to shun the unknown. Not knowing how a deaf-blind person functions, society is frightened away, or treats the deaf-blind man like a helpless person.

What we need to do is teach society how to reach our minds through any one of a variety of communication methods. Once you settle on a communication method that will work, you should treat the deaf-blind as any other disabled group. They want to sample the zest of living, the fun of learning, the magic of self-sufficiency, and self-respect.

We want to be integrated into the mainstream of society, but without a friend or volunteer, who will keep us informed manually, by lending their eyes and ears, we will waste away in some vague corner, not knowing what is going on, or what is expected of us.

Deep down, we deaf-blind need more of what we all, civilized as we are, should get: love, understanding, compassion, and friendship. With all the complicated and useful technology in the world, no man will survive long without the harmony endowed by nature, and the feeling of belonging in its environment.

CHAN POH LIN
TEACHER OF THE BLIND, SINGAPORE ASSOCIATION FOR THE BLIND
SINGAPORE

Standing here in front of you is like an unbelievable dream. In fact, most dreams have come true. However, I, alone can never make them come true. It is possible only with the kindness, understanding and love of my many friends who worked together loyally for me. I am profoundly grateful for their marvelous services and they deserve great respect in return.

For the last seven years, I have been on my own feet and for more than twenty-two years I have faced many problems and conflicts. Some of them were very discouraging and bitter, but I have overcome them with the help of my American friends. Without their understanding and love for me, I would not have been able to cope with so many problems in life because it requires great courage and strength.

The most challenging part of my life was during my educational years which took place at Perkins School for the Blind from 1960 to 1970. It had seemed that graduation for me would never happen, but it happened! I was determined to conquer what I believed was right for independence for my life; therefore, I struggled until I saw my graduate cap upon my head and knew that I had finally captured the world of happiness.

Today, I am a teacher in my own country and teach forty-one blind children from six levels including those who are emotionally and mentally retarded. My job is not only to make a living, but it also brings me joy by sharing my life and experiences with the handicapped children who are most in need for help. However, help alone is not sufficient because the handicapped children as well as adults need our understanding and love which give them a confident world that they can trust. It has always been my personal view that educators of rehabilitation or schools for the handicapped children should not try to encourage them to believe that they cannot do some thing just because they are blind or deaf-blind. Instead they should be given all opportunities to try anything according to their abilities and they should be encouraged to try in any competitions with other children.

The two most important tools in life are: a standard education in which the handicapped children can learn many things and a well-developed foundation of communication in which the children, particularly the deaf-blind can converse with the world freely. Lacking communication is a serious problem because it causes loneliness and frustration, especially for the handicapped. Anybody working with the deaf-blind should know the hand manual in order to create communication easier for those who are unable to talk verbally or read from the lips.

In South-East Asia, deaf-blind children or adults are hardly seen in schools or training centers with the exception of Japan where they have recently developed a school for the deaf-blind children and I desire to visit this school some day. It is disheartening and disappointing to discover how little South-East Asia has done for the deaf-blind. If nobody discovers and helps these children, they remain hidden for ever. Some countries say that it costs too much and the children cannot learn; so, they just ignore the suffering children.

I think the worst problem for us blind and deaf-blind is the attitude of the society where we live because we find that most people have not yet accepted us as normal human beings. Some times, it is really like slavery where the slave receives his bloody lashes under the whip of his master. Instead of a whip, the lashes which we receive are more painful and more often than not, they are intolerable. The scars are not on our flesh which heal soon with medicine, but they are in our broken hearts, rotten souls and shaken hopes which nothing can heal.

I agree when Helen Keller said, "They say it can't be done, but it has been done", because a lot has already been done and we have great hopes that much more will be done soon. This means, we need your cooperation by stretching out your helpful hands to lead us and we are prepared to work with you for a happier future. We want it to be recognized that our blindness or deafness do not connote blindness of the brain, but rather that our physical blindness and deafness are merely a nuisance. We can do what most sighted people are doing if we are given opportunities and rights to be independent as human beings. All we ask for is equal treatment and employment.

**Dr. Gerrit van der Mey
Computer Expert Programmer
State University
Delft, The Netherlands**

My wife Susy and I are thankful for the opportunity to attend this conference. As expected, I'll report to you about our family life and my work.

I am blind from childhood, but lost my hearing when already 31 years old. I had finished a study on mathematics in March of 1945. About a month after growing deaf, I went to the hospital in Amsterdam. Already in the first week of my stay there, my father invented and made an alphabet card, which was the cover of an old cigar box, provided with big braille hobnail characters, with the corresponding black-print characters written above them. This card soon enabled an encouragingly rapid conversation with the nurses. Prof. Noordenbos, who was the neurosurgeon attacking my meningitis, insisted upon informing me in full freedom by written message about all that had to be done with me. Learning to use my braille writer just took him two of his busy days of surgeon practice.

In May, I was again at home with my parents. There walking had to be learned anew, since the illness had also made impossible the use of my labyrinths. Yet, in that summer, with my parents tirelessly standing by, I succeeded again in walking with the guide dog I still possessed from the years before.

Walking with my dog is essential for me. In fact, it means training my labile equilibration as well as continuing to speak clearly to my dog (which reacts only to non-monotone speech). Of course today I use my dog also when going to the hairdresser or the dentist. There the dog has even human rights. She may enter the treatment room without wearing a lead or harness! As she is accustomed to obey me on command, she often accompanies me in full freedom when I want to walk alone on a quiet road. There is no fear that the dog will leave me alone.

At that very beginning, I shouldn't have believed that in the future there would again be 30 km trips, with an unknown wife through unknown areas.

Studying mathematics could be resumed, and I took my doctor's degree in 1946. In that year, Dr. Ludwig Cohn, a refugee from Germany, acquainted us with the Lorm alphabet. My parents, already accustomed to braille writing on my machine, preferred communicating through the well-known little 6-key box we got some time before.

In 1947, just before Christmas, an electric communication machine, invented and built at the Neher Laboratory of the Dutch P.T.T., was presented to me. This enabled communication with deliberate typists and is in fact, the first predecessor of the Tellatouch.

Prof. Noordenbos revealed and cleared the hidden disease and cause of all my handicap. Being a skilled typist, he liked full speed communication on the electric machine.

Susy is a registered nurse. When we first met in 1951, she was active in a hospital. A few weeks later her mother and she already knew the Lorm alphabet and were also training on a braille writer. Soon we started looking for appropriate work for me. About that time, the great rise of electronic computers started.

In 1952, P.T.T. enabled me to prepare for working as a programmer, soon after also offering me a job. I was allowed to work at home in my village, far away from the big traffic.

Prof. Van der Poel who is my chief and friend since 1953 selects tasks for me, with Susy brailling the required information. When working on a task, I first prepare its program in braille, then typewriting the completed program for the office. A difficult task may take me months preparing its program. At the office, either my chief himself or a colleague tests my programs on a computer available there.

The greater the number of errors contained in a program passed to the office, the more discussions with me will be needed for correcting them during the test of the program. Thus making errors means annoying my colleagues. Therefore it is a matter of honor to me to prepare my programs **very carefully**, adding also a lot of appropriate comments to its statements.

In 1953, P.T.T. facilitated my calls to the office by providing me with a so-called braille telephone, the same as demonstrated in New York in 1957. At the office, one of the telephones was provided with an additional keyboard, as was our telephone with a unit for reading braille characters. By making a call, the keyboard at the office was automatically connected to my unit at home, using the same line as occupied by the call. Then sentences printed on the keyboard could be read by me in braille. I, in turn, had to answer orally using the telephone.

In 1957, the braille telephone was replaced by a special teletypewriter, adjusted at the Neher Laboratory for producing braille characters in parallel to the black print. When being called now, I can again read in braille what my call partner is printing. However, unlike the braille telephone, I must print my answers instead of speaking them. For me this is the most convenient way of passing corrections of detected program errors to the office.

All communication devices built at the Neher Laboratory (among them also a non-electric device for use with typists), have in common that their braille format is greater than that of the Tellatouch. Pay attention to the fact that, because of its small braille format, reading by Tellatouch is very difficult for me.

In December of 1954, Susy and I married. We already knew from a very reliable source that there were no heredity problems with me. Perhaps you will hesitate to agree that in our situation a family **with children** was our best chance.

As children all over the world will always claim full attention to their specific affairs, our children have unconsciously forced me to consider my handicaps as being second-rate problems. Also they unconsciously deflected their mother's thoughts away from the limitations due to my defects. In addition, a deaf-blind father of a family with very young children may take over various simple but time-absorbing jobs from his wife, in an attempt to

compensate a little for all the essential tasks she is confronted with because of his special situation.

But what about the children themselves? Are not they the victims of having a deaf-blind father? No doubt, there are disadvantages in comparison with normal cases but there seem to be advantages too—**provided that their father's handicaps don't dominate the family.** A number of facts may show this to you.

Already in their early childhood, our 3 daughters felt competent to supervise our house including my dog and myself during the absence of my wife. Besides paying attention to the doorbell and the telephone, they also brought back papers fallen from my table, surprising me with them, or prevented me from doing silly things like hitting an open door, etc. No wonder that these personages with their remarkable responsibilities felt competent to interrupt my work when really important things like riding on horseback were to be arranged. When wanting to ask something, I preferred questions which could be answered to signalling "yes" or "no". (This of course is no advantage in comparison with normal cases!) They in turn, used to show me their problems directly—for example, a shoe with a lace to be knotted.

Soon after learning the alphabet at school, the Lorm Alphabet was exercised at home as a matter of prestige. It seemed also to be of interest for "speaking" at school during periods of silence.

When typewriting, I soon discovered the mini-secretary hidden in each of the children. She was able to answer questions like this: "Please tell me whether the p of the word shop is already present on the page in my machine or not?" Of course, trying to print their own documents on the machine was the next step in their secretarial careers.

On rainy days, I was occasionally surprised with brailled abstracts from the newspaper, with or without interpunction. When required, they also tried to take over Susy's task of correcting typewritten pages, with me reading aloud the pages in braille.

The girls are fond of my guide dog Edith, as they were of the last two predecessors. When still young, they liked to go shopping together with the dog. Once she became accustomed to obeying them on command, using a lead was superfluous on quiet roads. The children felt always responsible for our dog, hence never did silly things when being alone with her. From the age of ten, each of the girls found it normal to go into the woods near the village with the dog as her only companion and guard. There, gathering acorns or berries with the dog in reach and silence all around, it was easy to feel close to nature.

All these family features seem to have a character-forming influence on children growing up. That the typical education problems of modern society did not penetrate our family up till now, gives reason for thankfulness rather than pride.

Our daughters, 20, 19, and nearly 16 years old, are students at an academy of music, an agricultural university and the grammar school, respectively. Some of their friends learned the Lorm Alphabet needing one or two evenings for mastering the letters. Some others communicate very well on my machine.

In 1967, my chief and I changed from the Neher Laboratory to the Delft Technical University. As the nature of my work did not change and I was again allowed to work at home, my life went on in the usual way. Contracts with colleagues remained as pleasant for me as they were before.

My last program has just been tested by an advanced student of the university. At his

lessons on combinatory logic, Prof. Van der Poel often demonstrates the way of handling problems to his students. My program enables me to do this automatically on a PDP II computer.

Many deaf-blind would envy me when knowing all the good luck and excellent chances I've had in my life. They don't know what life is able to offer us. For me living in our family is extremely important.

To conclude my address to you I'd like to say that I have come to the conclusion that it is one of man's greatest assets to set himself goals in life and to try to reach such goals—that it is of greatest importance to feel one's self useful in life and to bear responsibilities.

Bringing appropriate tasks within the reach of deaf-blind persons is the most difficult mission of every community.

Your interest in the problems of deaf-blind persons and our meeting here together will no doubt contribute to a better understanding and help us to feel needed in an ever-progressing world.

I thank you for your attention.

**Sergel Sirotkin
University Graduate in Psychology
Moscow State University
U.S.S.R.**

Dear colleagues, ladies and gentlemen,

First of all let me sincerely thank you for the kind invitation to take part in this conference. Let me as well on behalf of our delegates from the Soviet Union thank the host committee of this historical conference for the very warm hospitality extended to all of us.

Deaf-blind people in the Soviet Union are keenly interested in the problems of the deaf-blind, and their participation in the life of the community. I am convinced, that the deaf-blind, provided that adequate conditions are created, can be contributing members of society in the way all other people are. I fully agree with the words of Dr. R. Kinney in his address to the World Congress of the Deaf:

"We shall be seen, we shall be heard".

My soviet friends and colleagues strongly support the initiative to convene this conference.

We do hope that this conference will have good results in the cause of the improvement of life of the deaf-blind.

About My Teachers and Friends

I am very grateful to many people, who were and who are my teachers and friends. They helped me to become a full member of the society. I was born in a worker's family. I was weak-sighted and weak-hearing from birth. During the time when I started the course of special education and training under the leadership of the founder of the soviet system of teaching the deaf-blind, Professor Ivan Sokoliansky. My first teacher was Dr. Raissa Mareeva who was an

educator in the kindergarten at that time. Dr. Mareeva is a participant of this conference as well. She often brought me to the Institute of Defectology to visit Professor Sokoliansky. It was a very good experience for me. I imagined him to be a very tall man, at least at that time I could manage to touch only his knees and hands. Every time I came to him he stood me on the chair. From there I could touch his head. He took my palm and moved it forward to his head. I got used to it and if at home my mother wanted to talk to me about Professor Sokoliansky, she just did the same, that is moved my palm to her head and I understood just at once who she talked about. Professor walked with us around his room, showed to me different kinds of toys, cars, cubes, balls, dolls, etc.

Once I met at the professor's room another very tall man. Professor stood me on the chair, as he used to do and let me touch this man. That was my first meeting with Dr. Alexander Mescheriakov. Professor Sokoliansky was his teacher. After professor's death Dr. Mescheriakov continued his work in the field of deaf-blindness.

Among the students of Professor Sokoliansky there was a deaf-blind girl. Her name is Julia Vinogradova. Her small sculptures were very nice and neat and very accurate from a geometrical point of view.

In my talking with Julia I improved my verbal language. Julia was the first person among the deaf-blind whom I wanted to follow as an example.

Once I met at Professor's a lady who looked very kind. It was a famous student of Sokoliansky. Her name is Olga Skorokhodova. Miss Skorokhodova is the author of a very interesting book, "The Way I Perceive, Imagine and Interpret the Environment". She is a master of pedagogics, a senior research fellow of the laboratory for training and education of the deaf-blind at the Research Institute of Defectology of the U.S.S.R. Academy of Pedagogical Sciences.

I felt very friendly with Olga Skorokhodova. So, with the help of Professor Sokoliansky, got two very good deaf-blind friends.

Olga Skorokhodova got me acquainted with a braille and I liked it very much. I wrote letters to her with descriptions of my every-day life, my dreams and later on just scenes which I imagined. Once my teacher told me that in Leningrad there lived a deaf-blind boy. His name is Yuri Lerner. I felt very interested and wrote a letter to him to introduce myself. He was very quick with the answer, so we had become friends by correspondence.

In 1963 there was opened a residence school for the deaf-blind in the town of Zogorsk, equipped with necessary devices for the deaf-blind, where they get a course of vocational training, secondary school (excluding, of course, trainees with mental deficiency). Besides program teachers there are psychologists, speech therapists and experts in defectology among the staff of this school. I was one of the first students of this school. It was there in Zogorsk that I found many good friends among the deaf-blind. I took an active part in the social life of the school. Very often, for example, I participated in organization of various competitions, in mathematics, physics, writing Braille and so on.

Some months after my entering school in Zogorsk my friend from Leningrad came to us. It was our first meeting with him after the two years of correspondence. It was a very nice meeting and we have become very good friends. Yuri is a very joyful person. He likes jokes and his hands are very strong and kind. Much of his leisure time Yuri spends sculpturing. His sculpture, especially birds, animals, small houses and big cathedrals, are very nice and vivid. He is so talented in this that he got a course of sculpture at the People University of Arts trained after Kroupshala. During his study at the Moscow State University Yuri got one more

course of sculpture at the theatre technical college.

After the death of Dr. Mescheriakov, Yuri worked for two years on the bust of our beloved teacher. Now the bust is placed on his grave. Yuri now is making Professor Sokoliansky's bust.

Dr. Mescheriakov came very often to Zogorsk. It was always very interesting to meet him. We spoke very much about problems of the deaf-blind and it helped to determine my way in life, in science.

I'll tell you some words about one more friend of mine among the deaf-blind. His name is Vladimir Penderkin. He is deaf and weak-sighted. We have been friends for 12 years already. Vladimir is a very kind person. It is very easy to communicate to him. Frequent communication with Vladimir with the help of gesture language initiated my scientific interest to the problems of transition from gesture to the verbal language. At the present time Vladimir Penderkin works at the training production centre in the town of Zogorsk. He is a very good sportsman. He is fond of chess and skiing.

One of my best friends is Aleks Souvenof. He is also a university graduate. He is a very emotional, artistic person. When he was 13 he wrote his first poem. Now he has many of them. Besides poetry he is an author of very serious articles on psychology of human communication, on the influence of literature of the development of the deaf-blind. We are four university graduates. My third university friend after Y. Lerner and A. Sokorkhodova is a deaf-blind girl, Natasha Verneeva. When she was a trainee of the Zogorsk school she dreamed about teaching deaf-blind children. But she not only dreamed, she prepared herself to do this very difficult work. She was a very good helper to the Zogorsk teachers. When she was a university student she paid visits to Zogorsk schools and spent much of her leisure time with its trainees. Natasha is a very good teacher, she can sew as well. She is very feminine, and she is the lady of our small group of four.

I could tell you more and more about my friends, but I should not keep much of your time. Let me at the conclusion give all of you best personal regards from my friends and teachers in the Soviet Union.

**Miss Eva Frunck,
Member Board of Directors,
Swedish Association of the Deaf-Blind
Sweden**

I am very glad having been asked to present a statement at this first international congress for the deaf-blind. Let me begin by greeting you warmly from the deaf-blind in Sweden.

I was born hard-of-hearing but can now hear a little with the help of my hearing aid. I saw well as a child but am now totally blind. Like Helen Keller, I grew up at home with my parents. I had a private teacher and have also learned much from my parents. I went to a school for the blind only for a short period to learn to weave but lived at home. When I was about 14, I could not see to read inkprint any more, even with optical aids, but I taught myself to read and write braille and have since then studied on my own, if and when I can get study material in braille.

In 1970 to 1972 I finally had the chance to go to a real school, where I learned among other things the use of the white cane and orientation, typing, and to count with the help of an abacus. I also started to study English.

Later on, I took a course in Optacon Reading, and I want to take this opportunity to stress that the Optacon is a very good technical aid in daily living for the deaf-blind who cannot read inkprint or listen to the radio. I go to evening classes, so-called study circles. We deaf-blind also have our own study circles in various places in Sweden.

Very late, when I was already grown up, the doctors discovered that I could use a hearing aid. Before that people had a hard time understanding what I said, but it is now much easier to make contacts with friends and relatives, since I can hear my own voice. Even so, I must have an interpreter with me, as I cannot hear unfamiliar voices.

When I go to shop, go to meetings, visit museums and so on, I need the help of an interpreter-guide or else I have to stay home. When I do not have a communication aid such as the Tell-a-Touch handy and cannot get through to people in any other way, they can write out large block letters in my hand. Whenever I can get an interpreter, I go to parties, exhibits, picnics, do sports and take part in other activities in my spare time. When I visit friends who live in the country, I can go for walks on my own with the help of a white cane.

I want to keep up with what happens both in Sweden and in other countries, but this is difficult, because we do not have a **daily** newspaper in braille. I find it hard to hear and understand what is said on the radio, since they usually speak too quickly.

My wishes for the future are:

that interpretation services for the deaf-blind will be developed considerably;

that as far as this is possible, we get information daily about what happens both locally and in the rest of the world;

that there will be more study material and professional literature in braille, and more books and magazines in large print;

that there will be meaningful jobs for all the deaf-blind, also on the open market;

that there will be technical aids, for example, electric stoves which can be used also by the deaf-blind;

that the deaf-blind will have increased opportunities to take part in sports and other exercises; and

that the deaf-blind will be visited often by someone who takes them out for a walk, especially if they live in towns.

I close by wishing all of you successful cooperation, progress and happiness.

FRITZ MINDERLE
EXPERT FOR DEAF-BLIND AFFAIRS IN THE MANAGING COMMITTEE
BUND DER KRIEGSBLINDEN DEUTSCHLANDS
FEDERAL REPUBLIC OF GERMANY

In the Federal Republic of Germany there are about 550 deaf-blind youths and adults. We consider the taking care of the deaf-blind as for these people who have lost both their strength of vision and their hearing completely or nearly completely. It is necessary also to take care of the people who have still a little hearing because it is well known that they will also lose this in course of time.

I am expert for the affairs of the deaf-blind in the Board of the Bund der Kriegsblinden Deutschlands. I wish to talk primarily of the taking care of the war-blinded who have also lost their hearing because of my particular experiences and knowledge in this field.

Thirty persons belong to this group. They get a Braille-Newsletter from our Organization which has a general part for blind people and a special part for the deaf-blind. Every year a rehabilitation course takes place in our Rehabilitation Center, Bad Berleburg, financed by the Government. This course lasts always fourteen days. In the above named Rehabilitation Center a deaf-blind conference-braille-machine is available. Six deaf-blind and an instructor are able to sit together around a table and talk to each other by an electronic Braille-shorthand-writer (Brailomat). Everyone can write to everybody else. After practicing it is possible to have a real conversation. Every year a meeting for the deaf-blind is arranged by our Organization. These meetings last always one week. But here you will not find an exerting rehabilitation program; only exchanges of experiences, communication, entertainment and cheerfulness are the aims of this.

Some of our deaf-blind are employed. Mr. Frank Swoboda has studied law with the help of his wife. He is now employed in Hamburg as a legal advisor. The deaf-blind Mr. Walter Herpich, Fussen, works as an advisor for pensions. Mr. Horst Adomat is employed in the city administration of Hameln.

Some of the deaf-blind do weaving or woodcarving making candleholders, plates, bowls, etc. In a workshop established in their own house.

The 550 deaf-blind of the Federal Republic of Germany send greetings to the deaf-blind all over the world. We thank the Helen Keller National Center, WCWB and especially Dr. Kinney for inviting us to participate in this World Conference. It is necessary from time to time to point to the destiny of the deaf-blind. We hope that this meeting will be the beginning of a closer international cooperation with the aim of lightening the destiny of the deaf-blind.

EDITH L. WILSON
CONSULTANT ON DEAF-BLINDNESS
ROYAL NATIONAL INSTITUTE FOR THE BLIND
UNITED KINGDOM

I would like to begin by telling you about the problems that I experienced when I first became deaf, but before doing so I must point out that there were advantages in having been blind since the age of six years. When I lost my hearing completely I found that most of the activities in my home did not require hearing. The new disability presented difficulties but I knew that if I persevered these could be overcome.

The first problem was the gas cooker. I was still able to manage oven cooking, but with a slight difference — whereas I had been using a ringer timing device, I had to remember to look at my watch to judge cooking time. It was the boiling of water in kettles and saucepans that baffled me because I could not hear when the water reached boiling point. Previously, before going deaf, by listening I could recognise the noise of steam, which changed from a rather loud to a quieter sound, and I wondered if I could tell by touch. I tried to discover this by holding the handle of a kettle with a cloth and to my amazement and joy I could feel the change of vibration when the water reached boiling point. Nowadays I have a pop-up button on the kettle to indicate that it has boiled. Years ago I perfected the art of pouring boiling water into a teapot, using first cold water, then warm water, and so on.

I then concentrated on conquering the difficulty of knowing if someone was at the door. This puzzled and also worried me a great deal. So I contacted the Social Worker for the Deaf-Blind and after thinking about it he suggested that an electric fan which blew cold air might be the answer. This fan could be regulated to operate for whatever period of time I wished. The idea worked quite well but found that there was one difficulty — the fan was on a stand and swung from side to side, with a tendency to gradually turn until it faced in the opposite direction, causing yet another problem — not knowing whether it was blowing. Eventually this fan was replaced by one of a similar type fixed over each room door and proved successful. The identification of callers at the door was achieved by the use of a card with raised block and braille letters with which they could spell out their names and their requirements. As I have no knowledge of handwriting I find it very confusing when people wish to "write" on my palm as everyone has a different way of writing.

As for the management of my present flat, which is in a warden-controlled block, now that I am deaf, I still use the same methods as I did when I was hearing blind. For example, when vacuum cleaning the carpet, I place chairs to the edge of the area that I have cleaned in order to use them as a guide for the remaining half of the carpet.

We have a launderette on each floor of the block of flats, for tenants only, and I am able to use the washing machine, spin dryer and tumble dryer. When ironing, I have to feel the surface of the fabric to ascertain whether the article has been ironed satisfactorily — needless to say, I make sure that the iron is nowhere near my hand!

All the appliances in the flat are electrically operated. The dials on the cooker and refrigerator have been brailled, as has the weight indicator of my scales, so I am able to measure all the ingredients for various types of cooking. I use oven gloves to avoid burning my hands.

When polishing furniture I find it easier to spray the polish on to a cloth and then rub the surface to be polished; otherwise, when polishing a dressing table, for example, it is possible to spray the mirror as well.

All tins and packets of various commodities are labeled in braille on adhesive tin foil which can be used more than once.

I like to choose my own colour schemes for the flat.

With regard to shopping, for several years I had a very good friend who took me shopping, but unfortunately she moved from the neighbourhood, and for a while I had several unreliable helpers, but now my sister has come to my aid and I thoroughly enjoy going shopping with her. She shows me everything and we compare prices and values — this applies to food, personal clothing and items for the home. Although I actually choose the things I wish to buy, she assists me in finding the best value. In this way I feel more or less independent.

Seven years ago, I was faced with yet two more problems which I had been trying to solve for a long time. The first was knowing when to wake up at a specified time. I was recommended to buy a rubber rattling pillow which was attached to an alarm clock. It was placed under the pillow (most uncomfortable) and when the alarm went off the vibration of the rattling was so nerve-racking that I abandoned that idea. Since that time I had many restless nights, trying not to oversleep when I needed to wake up at a certain time and I should like to relate an amusing incident which occurred some time ago in this connection. Feeling tired one evening, I went to bed earlier than usual and seemed to sleep for many hours. On waking I found that I felt thoroughly refreshed (and well I ought to, I thought, having slept for so long!) It was mid-day and I should have been at work by nine o'clock. So I decided to have a quick lunch and make ready to go to the sewing class instead. Having done this I went along to a neighbour and rang her doorbell. After a long wait she appeared and I apologised for disturbing her from her lunch. I said, "Would you please ring the Welfare Department and ask them to send transport to pick me up for the sewing class?". She replied, "I will, presently". "That will be too late", I said. "No dear", she replied, "there is no point in ringing them now because it is only 2 a.m.". You will appreciate my embarrassment; I apologized profusely for getting her out of bed so early, but she saw the humorous side of the situation and we laughed together over the absurdity of my midnight lunch. It occurred to me, however, that if I could have seen a bit, whether it was light or dark, or even been able to hear the noise of the traffic on the main road, I would have known whether it was midday or midnight.

Just recently, I mentioned this problem to the RNIB Welfare Officer for the Deaf-Blind and she recommended the use of a new clock which has been designed especially for the deaf. I tried it out to see if it would be of value to deaf-blind people and would not be without it. The clock is electrically operated, with raised markings for the hours. It has a lead attached to a box which is placed under the mattress and when the alarm rings the box vibrates for about a second, then stops, and repeats this pattern until the alarm is switched off. My thanks go to the Royal National Institute for the Blind for this most useful appliance.

The other difficulty which I am still trying to overcome is the greatest problem for the dually handicapped person — that of loneliness. The long evenings and weekends seem endless although I read a great deal and write many letters to old and new friends, some of whom I have never met. I fill in my time by knitting, rug-making and sewing, but this is not the answer; the real need is for human contact. I find it very helpful to join activities outside my home. For instance, three mornings a week I attend a Work Centre where I assemble parts for carburettors. I am the only deaf-blind person there and I am informed that I do more work than most of them, so I feel that some of us are just as capable as some sighted people. In addition, each week I attend a sewing class, where I am instructed in the use of the sewing machine. Amongst some of the articles I have made are my own cushions, and a nightdress case in the shape of a dog which won a first prize at the Handicraft Exhibition for the Blind. I also participate in another handicraft class where we work with cane, making stools, shopping bags, etc., and a further interest is the flower arrangement class which I find most absorbing. I like to enter competitions for the blind, such as the braille reading shows, too, and in the past I have won prizes there for flowers and cakes.

When trying to think of other activities, I thought it might be a good idea to give talks about the deaf-blind. This I have done for several church groups and have also spoken to student nurses at a hospital. Through a social worker I was asked to give a talk to a group studying to be social workers for the seeing deaf and from that I was asked to act as a marker for the same students at their test, by judging their deaf-blind manual ability, which was included in their training.

I joined the Trefoil Club which is a Guide Movement for those who had been Girl Guides in their youth, as, apart from their company, I wanted to mix with people who could see and hear

for two main reasons — one was so that I could teach them to talk to me, and the other was the opportunity of conversation to prevent my own speech from deteriorating.

During the summer I had an educational holiday, visiting a trawler museum, a park farm, one of the stately homes of England and several factories. The latter I found very well worth while as it improved my knowledge of how some goods are manufactured. In a pottery factory I tried making an irrigation pot and in a feather craft factory I was intrigued by the beautiful flowers created from dyed feathers and the feather bird pictures which were incorporated in glass table tops.

I am always ready to learn and I am willing to try anything at least once, and I look forward to widening the scope of my activities even further in the future.

Definition, Demography, Causes and Prevention of Deaf-Blindness Finding and Identifying Deaf-Blind Persons

**Johannes van Dijk
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Definition of deaf-blindness

Twenty years ago Dr. Peter Salmon wrote in his Foreword to the I.H.B. studies on "Rehabilitation of Deaf-Blind Persons": "There have been so many discussions as to what deafness and blindness is and so many approaches to the problem arising out of the combination of these two handicaps, that it might be well to say here, even though it may seem trite, that I have learned that deaf-blindness is not just two disabilities — deafness added to blindness — but is, instead, a third and totally separate disability".

If one accepts this approach, then it is not very meaningful to define blindness and deafness as such, and then applying them to a particular person.

Hearing and sight are so interwoven with each other, that even small impairments in both senses has sometimes great consequences for the behavior of that person, particularly his learning.

In the field of habilitation and rehabilitation one should use a definition whose purpose it is to describe the person which needs some sort of special service in order to cope with his handicap; the exact ophthalmological and audiological measurements are therefore of secondary importance.

The Helen Keller National Centre, The Industrial Home for the Blind and the U.S. Department of Health, Education and Welfare have come to an agreement which gives full justice to "persons who have substantial visual and hearing losses such that the combination of the two causes extreme difficulties in learning". I would like to add to this description: "and effects clearly the behavior".

This addition is very meaningful with persons whose field of vision is limited. Our peripheral vision plays a very important role in the orientating reflex, which we use in order to survive. The information which reaches the brain through our peripheral vision makes it possible for the organism to respond rather quickly to his environment. This is an innate neurophysiological process of which we are hardly aware. However, where the field of vision is limited, one can ob-

serve that the person becomes insecure because he is threatened in his existence. In a scale especially developed for deaf children suffering from tapeto-retinal degeneration (retinitis pigmentosa) one found (de Leuw 1976) that even in cases where the field of vision was much larger than the 20 degrees mentioned in the legal definition of blindness, where already effected in the adaptation to the dark, in mobility outside, as well as in depth perception. With this in mind one could agree with a more strict definition on blindness as a loss in visual acuity not exceeding 20/200 in the better eye with correcting lenses or visual acuity greater than 20/200 if the visual field is constricted to 20 degrees or less.

In defining deafness there is little agreement among the professionals. It is a step forward however that for (re)habilitation purposes a strict audiological definition is dropped and the following description is accepted:

"Deafness is the inability to understand connected discourse through the ear with optimum amplification." One should be aware however that in this definition no distinction is made between hard of hearing people and the profoundly deaf. The first group is still able to monitor its voice via the auditorial channel — although with difficulties — while a truly deaf person has to control his voice mainly via his kinesthetic sense. A hard of hearing person is still a hearing individual, lip-reading plays a supplementary role, while the latter is a person who has to rely mainly on his vision in his communication with the outer world (lip-reading, signing, finger-spelling); in the best cases the auditories play a supplementary role.

For education and rehabilitation this distinction is not merely of theoretical importance, since the degree of hearing loss is closely related with our short term memory function. Therefore a profoundly deaf person has many more problems in remembering words than a hard of hearing person.

Another point worth mentioning is the difference there is between the congenital or early in life acquired disabilities and those acquired later in life. A person becoming deaf or blind (or both) later in life is quite a different person as far as learning and behavior is concerned in comparison with a congenital deaf, blind or deaf-blind individual. It is, for example, very likely that a person who becomes deaf later in life has retained speech and has a vocabulary which makes it possible for him to read books and other reading material with full comprehension. In all probability his voice will stay intelligible. This is in contrast with so many profoundly deaf and deaf-blind people, who never reach a decent reading level and whose communication is hampered by poor intelligibility of speech. Very often visual modes of communication such as sign-language and/or fingerspelling have to be introduced to these persons. A person who becomes deaf and blind later in life has to learn this method of communication as well. Since he has already a full comprehension of language he is in a much more favorable position than the congenitally deaf-blind person or the category of deaf-blind who are congenital deaf and who blinded adventitiously.

Demography of deaf-blindness

The attainment of demographic data on deaf-blindness is rather difficult as it depends so much on how deaf-blindness is defined. The figures I have tried to collect should therefore be interpreted rather carefully.

Another problem is how the case-finding has taken place. Perhaps the smaller countries with an old tradition in services for the handicapped give the best information on this matter.

In the late sixties in the Netherlands a committee was founded which conducted a survey on the problem of deaf-blindness. An adapted I.H.B. case-finding schedule was used. In order to

obtain addresses of possible deaf-blind persons letters were sent to organizations for the deaf, the blind, and departments of social welfare. After a name was received a social worker paid a visit to that particular person for an interview. The criterium for further services was that the combination of a hearing and sight handicap limited the communication with the environment so seriously that participating in the life of family or society was only possible when special help was given. Interesting to know is that sometimes people in the environment of the person referred considered him or her deaf-blind, but that the person himself did not think of himself as such. This has caused quite some anxiety in people involved.

For this reason we support the Norwegian approach where a medical officer specialized in this dual handicap accompanies the social worker.

The Dutch experience was that often one deaf-blind person knows the name of another one, who might not even be registered anywhere. According to my information this is the same in other countries where there is an awareness of the problem of deaf-blindness. It seems that in the developing countries there is an emerging awareness of the problems of deaf-blind children, but that hardly any adult deaf-blind are reported.

Without any doubt this will come as soon as social services extend further in these countries (Waterhouse, Dr. E.).

So far (1975) 189 adults are registered who meet the criteria mentioned above. The data of another 113 still have to be processed. The total Dutch deaf-blind population therefore will be about 300, not including the 40 children who are enrolled in an educational program.

Surveys indicate there are more deaf-blind women than men. This is of course partially due to the fact that the average life expectancy for women is higher than for men. It is interesting to compare these findings with the data for the National Register of Deaf-Blind in the U.S.A. Until this moment there are 5,313 cases on the register. More than 56% are older than 60 years of age, figures which are in accordance with the Dutch and Norwegian findings. The sex ratio here is 51% female, 49% male."

From the outcome of this study it seems logical to conclude:

- 1) Deaf-blindness is first of all a problem of old age. Geriatric medicine, psychiatry and psychology should be made aware of this.
- 2) The remaining half of the deaf-blind population are primarily congenitally deaf people who acquired blindness in adulthood.
- 3) The number of congenital deaf and blind people is still small, but will increase considerably when the victims of the rubella epidemic of 1964 and 1965 will reach adulthood.

At this moment there are in Europe 350 children in schools for the deaf-blind and almost 3000 visually and hearing impaired children are serviced in the U.S.

Planning the future

We will focus attention on the main group of adults, who are congenitally deaf and blinded later in life. These are mainly deaf people suffering from tapeto-retinal degeneration (retinitis pigmentosa). T.R.D. in combination with auditorial impairment is called Usher's Syndrome. Recently this syndrome is getting more attention (see literature). It is estimated that 3-6% of the congenitally deaf population is suffering from this syndrome (McKay Vernon, 1969). The disease is of unknown etiology, but with definite hereditary tendency, characterized by a

chronic course and progressive habit which, although rarely manifest at birth, becomes apparent in childhood and frequently results in blindness in middle or advanced life (Duke-Elder and Dobree, 1967). Later in life the disease can be aggravated by development of cataract, glaucoma and myopia.

The underlying cause of the disease is probably a metabolic disorder.

Steps to be taken

With the modern ophthalmological techniques E.R.G. and E.O.G. the disease can be detected rather early (about 6 years of age). Although it seems that the youngster before the age of early adulthood is not troubled by the limitation of his visual field, and problems of dark adaptation, careful observation shows that the child unconsciously is responding to his disability much earlier.

Although we do not favour the idea of making the child aware too early of the degeneration on his sight, in his educational program elements can be built which are important for his future.

These are:

a) special facilities for language teaching. A T.R.D.-child should not be in a classroom of more than 3 children. Quick expansion of vocabulary should be stressed. This is needed, otherwise it is likely that the child will not reach the level of conceptual reading. Of the last year's clients of the Helen Keller National Center 73% were congenitally deaf; more than 40% of these adults had a reading level under 4th grade.

This means that they cannot comprehend a simple story. With their limited vocabulary they just guess what the author means. By the same token almost 70% had no understandable speech or at best they uttered a few words.

The reason the communication skills are so limited is not a lack of intelligence, but a special language disorder based upon a motor disturbance called dyspraxia. In the literature on Usher's Syndrome this is stressed too little. This dyspraxia (clumsiness) is closely linked with body scheme, rhythm and eye-hand coordination. If one studies the analysis of jobs deaf-blind people can do, one finds that these elements of behavior are essential in carrying out a job successfully (Prause 1977, Bettica 1977). Since the development of body scheme (mobility!), rhythm (mobility!) and (eye-hand) coordination are so closely linked with the development of the neurological system, early training in these areas should be initiated.

b) The second recommendation therefore is: establishing special classes for motor training in schools for the deaf with children suffering from T.R.D. (perhaps in combination with other deaf children who need special teaching in this area).

c) The same can be said for the development of the sense of smell and touch. Without making the T.R.D. child feel exceptional, attention should be given to these areas as well.

Education is preparing the child for the future as an adult. If one knows (and one should know!) that this future will be difficult because of blindness, then it is the responsibility of the educational authorities to prepare the child to face his future with the best skills possible.

Rubella deaf-blind in the future: In the near future the field of vocational training and (re)habilitation will be faced with the youngsters of the rubella epidemics in the mid-sixties. This group of clients is quite different from the children suffering from Usher's Syndrome.

The problems in the United States in training and employing this group of people are especially enormous. More than 4,600 children are now registered as deaf-blind children attending a school for the deaf-blind. One must say that the regional centres and the schools are very active in establishing pre-vocational programs (see literature). Planning the future of these children will be very difficult, since many are severely handicapped in many ways. It is a fact that rubella's with cataracts were infected in the first two months of pregnancy. Almost without exception the virus attack caused brain damage as well. Autistic-like behavior, intellectual retardation, learning- and temperamental problems can be found to a large extent in this group. Their overall functioning is much lower than that of the child with Usher's Syndrome. It is Meyers' (1976) opinion that the majority of existing rubella children are mentally handicapped. In his follow-up study of deaf-blind (congenital and mostly cataract children) he found that of the 24 young adult deaf-blind only 3 were able to function in an open employment situation and that the rest were either at their parents' home with little or no occupation or at centres for mentally handicapped. Meyers suggests that the rubella school graduates should be integrated in the national facilities for the handicapped people generally and specialised facilities are not advisable.

I would not support this suggestion at all for the population of deaf-blind rubella children as a whole. Since so many handicaps are interwoven it needs great skill and experience to diagnose the child as mentally retarded. Secondly it seems to be that through intensive teaching and training the intellectual level can be improved considerably (Chess, 1975), which is also our experience. Thirdly it is becoming clear that the rubella child matures much slower and needs longer schooling than other groups of hearing impaired children.

Integrating these children with mentally retardates means that the communication skills acquired with great difficulty will be lost or not useful.

With this in mind I would like to plead for the least restricted living facilities for these youngsters, such as an environment in which there is a continual stimulation for further growth and learning. It is a false assumption to think that the human development stops at the age of 18 or 21.

Prevention of deaf-blindness

It can be assumed that eventually rubella as a cause of deaf-blindness will be eradicated. Vaccination programs have started in many countries. The age at which the girl was vaccinated varies from country to country, the latest age is around 12 or 13. This means that child bearing women above this age are still in danger if they don't have the natural immunity, which reaches its peak around the age of 20. For the years to come the health authorities should not only focus attention on the early vaccination, as there is still a generation of women who are still unprotected. The facts show this clearly. Every month rubella babies are born! The prevention of Usher's Syndrome is much more difficult. We know now that this syndrome is from a genetic origin, caused by a pair of abnormal genes, one inherited from each parent (Nance, 1973). At this moment there is no way of detecting the hundreds of carriers. This makes genetic counseling impossible, as only if a child is born with Usher's Syndrome can we prevent another child being born with the disease by talking to the parents. The chance this will happen is not big anyhow, because of the recessive character of the syndrome. The facts prove this too. "Only" about fifteen to twenty percent of families with Usher's Syndrome have more than one affected child. It is Nance's opinion that if we were able to develop a genetic counseling program which was 100% effective the number of patients would only be reduced 15-20%.

This does not mean that genetic counseling is worthless. The opposite is true. The psychological benefits are sometimes very clear when the parents understand the child better

because of deeper insight in the problem. Our experience with the affected youngsters shows that for them the careful guidance during the difficult years frees them from a lot of anxiety. (see also Roehrig: coping with the discovery of Usher's Syndrome, 1973).

Discussion

At this conference (meant is the first Helen Keller Conference in New York, 1977) we have the opportunity to meet many deaf-blind people whose achievement is really incredible. In this paper I have tried to discuss the groups of deaf-blind whose development was already affected right from birth. We have the feeling that their problems are overlooked. I found through my recent contact with organizations in different countries there are indications that after the publication of "Helen Keller's Children in 1972" further progress is being made in making the world aware of the minority group of deaf-blind people. I have still the impression that many of our deaf-blind fellow man are unrecognized or placed in a situation in which they should not be. Especially "the deaf world" should be more aware of this.

Acknowledgment:

The following organizations have supplied me with the latest data on deaf-blindness:

Sentralteam for Dovblinde,
Skadalsveien 33,
Oslo, Norway

Helen Keller National Center,
111 Middle Neck Road,
Sands Point, N.Y. 11050, U.S.A.

Office of Demographic Studies,
Gallaudet College,
Washington, D.C., U.S.A.

National Retinitis Pigmentosa Foundation,
83311 Mindale Circle, Rolling Park Building,
Baltimore, Md. 21207, U.S.A.

Dutch Foundation for the Deaf-Blind,
Zichtenburglaan 260,
2544 EB Den Haag, the Netherlands.

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WORKING WITH ORGANIZATIONS OF THE DEAF-BLIND

Stigh Ohlson, Social Welfare Officer,
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People who have the same interests and the same needs often unite and form groups and associations of different kinds. People with the same leisure time interests and hobbies form clubs and societies where they can discuss and exchange experiences. Workers get together in labour unions in order to give greater force to their demands for better wages and working conditions. People with the same political views form political groups and organizations with which to influence society. Also the handicapped form organizations in order to be able to back up each other and to improve their living standards and conditions. Even if the reason for creating clubs, societies and organizations vary, one thing they do have in common. When a number of people unite to work for the same goal, they gain greater experience together, they get greater knowledge and make a greater impact than the individual person can on his own. Thus they can achieve more together than if they would work by themselves.

Society of today has a place for everyone, and in line with the basic concept of human rights, everyone also is entitled to the same rights. But society has not yet progressed to the point where everyone automatically has access to all these rights. It is still necessary to formulate one's demands and wishes and to present them in a convincing manner. The weaker a person is in society, the harder it is for him to assert himself and to safeguard his interests, and the greater the reason to make use of the backing which an organization can give.

We deaf-blind have been harder hit than most other people. Sight and hearing are the two most important senses of a human being. Blindness or deafness alone are regarded as very severe handicaps which lead to serious problems for those who are hit by them. The results are far more serious when both sight and hearing are lost at the same time. Contacts with the outer world shrink. Practically all sources of information disappear when you cannot read ordinary newspapers, cannot look at television or listen to the radio. It becomes difficult or impossible to communicate with other people, and contacts with friends and relatives cannot be maintained. Deaf-blindness leads all too often to total isolation, and it is difficult for us to get out of this condition on our own. We are too much cut off from the world around us to be able to safeguard our rights without the help of others and to make use of the chances that are offered to us. By uniting our efforts, by forming organizations, and by working together we get a considerably bigger chance to influence our environment and to improve our situation. An organization managed by the deaf-blind and where the deaf-blind work together for the same cause is an instrument needed by us to reach our goal and to assert the right to live a life of purpose where we share social fellowship.

Deaf-blindness affects a person's entire life situation. An organization for the deaf-blind will, therefore, have to work with many different tasks and problems. The objective must be to break the isolation of the deaf-blind in all fields where this is possible.

The lack of contacts with other people is experienced by many deaf-blind as a most difficult problem to cope with. With the help of the organization, we can open up new avenues of approach. Local clubs can be set up in places where several deaf-blind live relatively close to each other, clubs where they can meet, can discuss mutual problems and organize different types of activities. The organization can also help to arrange weekend gatherings, camp weeks, picnics and trips where everyone can join in. All this increases our chances to meet others and to get badly needed relaxation and recreation. Our circle of friends and our opportunities to open up new roads for contacts are increased further by the interpreters and other assistants we have to use to be able to carry out these activities.

But there are very large problems and many urgent needs. Only the community has the

resources needed to satisfy our demands, and we must, therefore, join together and formulate our requirements. We must through the organizations act as pressure groups on the different public agencies and authorities which carry the responsibility in our society for these matters. Such action is essential in several fields.

In most situations the deaf-blind have to depend on individual interpretation assistance. The interpreter is needed to convey what is being said, to describe what is happening around you, and as a guide when you move from one place to another outside your own home. The interpreter is needed if two deaf-blind people want to talk to each other but do not use the same means of communication. The interpreter is also in his own right a human contact, another human being to whom you can talk and exchange experiences. But there is a shortage of interpreters, and for many deaf-blind it is difficult or even impossible to get one when needed. Many more interpreters must, therefore, be recruited and trained for the variety of tasks which they have to cope with. Volunteers can of course be used for interpretation, but if we want to build up first-rate services which answer to the actual need, such as free interpreter service in all situations where they are needed by the deaf-blind, we must have the full cooperation of the state and the community. Such services can only be developed when you have interpreters whose working conditions are settled and who receive a reasonable and fair compensation for this work.

The deaf-blind are victims of an enormous dearth of information, and to someone who has to rely on braille or large print to satisfy his search and need for information, there is almost nothing at hand. This refers to both news coverage and community information. The deaf-blind are unaware of world events, of their rights and of their chances, since information like this never reaches them. There must be an increase in the flow of information to the deaf-blind. They themselves, as well as their own organizations, know what media must be used to reach this objective.

The deaf-blinds' situation as far as education is concerned must be improved in all fields and at all levels. They need education and training in new methods of communication, in the use of possible residual sight and hearing, in the use of remaining senses which can compensate for the loss of hearing, and they must also learn how to manage the many practical tasks in daily living. Deaf-blind persons with inadequate schooling need to complete it, and others must have access to higher education. Many of the roads and means of education open to other groups in society can be adjusted so that they are available to the deaf-blind as well. However, this often calls for special efforts.

Many deaf-blind people want to and can do so-called normal work — and they must get the chance to prove it. Others may perhaps not have the same ability, but they still need an occupation which they experience as meaningful. They, too, must get their requirements fulfilled.

These are just a few examples, but they are enough though to show that an organization of the deaf-blind has many important as well as urgent matters to work on. In order to achieve results in all these fields, we must have extensive and outward-looking information.

Most people have a vague concept of what deaf-blindness means, if they at all know that there is such a thing as this double handicap. Even less do they know anything about the needs of the deaf-blind and how they can be met. This is the present situation, not only where the public at large is concerned, but also when it comes to many of the public spokesmen and politicians who govern society and its development, and who are responsible for the work of its different service agencies. The whole area of knowledge about the deaf-blind, their possibilities and limitations, as well as their needs and how to meet them, is to be found with the deaf-blind themselves as well as in the know-how of their organizations, and it must be

spread further. It is necessary to reach all those who in one way or another can contribute towards an improvement of the situation of the deaf-blind. Such information must be factual, correct and must show reality as it really is to the deaf-blind. It must also be repeated regularly, so that one can be sure it reaches all those for whom it is intended and that it isn't forgotten. It can be spread through information booklets or through special written communication suited to a certain purpose. But it is important that we deaf-blind take every chance we have to step forward ourselves to inform ourselves about our situation. This type of information often has a greater impact than letters or printed material, however well worded.

The role of the organization when it comes to spreading information and as a source of know-how cannot be emphasized enough. When information activities are carried out well, it makes it easier in all fields to get the expressed demands fulfilled. The organization must, further, always be prepared to put this know-how at the disposal of the different public and other service agencies who need them to do their job.

There will be tasks and meaningful work for many deaf-blind within our organizations. However, we cannot manage everything on our own. Just as in so many other situations in life, we shall also in our organization have to rely on the assistance of people who can see and hear. But we deaf-blind must ourselves say how our organization shall work and decide ourselves in important matters. The individual deaf-blind person must always have the chance to express his opinion and have it duly considered. The background and opportunities as well as aptitudes vary among us deaf-blind. A person who has been unfortunate enough to be born deaf, or who has received inadequate education does not find it as easy to express himself as the one who has had good schooling or who has lost his sight and hearing only in adult age. The group chosen by the members to lead the work of the organization and to carry out the actual practical job, must because of this always carefully convince itself that the ideas and views it expresses really are those of the individual members.

It takes time to build up an organization of the deaf-blind which works efficiently. The internal work of the organization must be adapted to the individual deaf-blinds' ability to take part in the activities. New ways must often be sought to eliminate the difficulties which crop up. But when the work of building up an organization of deaf-blind has started, it will soon be discovered that this organization is an instrument by which we ourselves can influence our life situation decisively, and also that even among the deaf-blind, there are forceful and experienced people who in spite of their severe handicap can make a great contribution for the benefit of their less fortunate friends.

I hope that the deaf-blind all over the world shall get the chance to build up their own organizations. It is also my sincere wish that this work shall lead to increased cooperation across the borders, so that to an even larger extent we can take advantage of each others' experiences and knowledge. This conference is an initial and important step towards such a development.

THE DEAF-BLIND MATURING YOUTH AND ACTIVE ADULTHOOD—NEEDS AND SERVICES

Louis J. Bettica, Assistant Director

**Helen Keller National Center for Deaf-Blind Youths and Adults
U.S.A.**

I am indeed very pleased to have been elected to present to you some thoughts relative to the needs of the active deaf-blind individual who generally fits into the working age group. These thoughts are a reflection drawn from over a quarter of a century of rather intimate involvement with several hundred deaf-blind men and women. Some of this involvement has been of a casual nature, but most has been in some form of counseling contact and some has been in rather intensive social case work contacts.

Before I go any further, I must bring to your attention the definition of deaf-blindness for this paper and, I believe, for many other papers presented at this Conference, which is as follows: 20/200 or less, or no more than 20 degrees of vision for blindness, and deafness is the inability to hear connected discussion, even with amplification, or the need to use another method of communication other than through the ear.

When considering the needs of the active deaf-blind person, we must avoid thinking in terms of limitations, but view these needs on very broad terms because, in reality, their needs are similar to those of people with normal sight and hearing. The greatest challenge each deaf-blind person faces is to find ways in which their time other than their working hours can be utilized to their fullest satisfaction. Most of those whom I have met ask only for the opportunity to explore the possibilities of working toward these goals and to break away from the dependency role placed upon them by an ill informed and, sometimes, apathetic society. They, like all of us, want to be treated with dignity, respect for their abilities, and acceptance by their friends, relative, and society in general. It is sad indeed to see adult men and women live at home with virtually no expectations made of them.

These goals can seldom, if ever, be attained by the deaf-blind person without assistance from outside sources. Therefore, the remainder of this paper will be related toward meeting this challenge. I realize that some deaf-blind people may object to this statement, but if you were to look closely at their handicaps you would see that the objectors have reasonably good vision or some hearing.

A total rehabilitation approach concept is the only conceivable method by which the individual can develop the necessary skills to adapt to the double handicap. By this, I mean that we must observe and evaluate the total person and how he functions in the total area of life's experiences. I also mean that teaching braille or finding a job is not enough.

Although it is most desirable to offer a full battery of services in one facility, as offered at the Helen Keller National Center, intelligent planning can provide the individual with these services through several agencies. In fact, this can be combined with some home rehabilitation training. However, they must be provided with an appropriate evaluation to determine their manual skills, intellectual capacity and emotional stability.

Although most deaf-blind people will need the type of training that would help to prepare them for an industrial placement, the professional worker must be ever vigilant in order to avoid underemployment. It is not enough to place him at a job because a job opportunity was available. Efforts must be made to find them suitable jobs which will provide them with the greatest challenge and satisfaction. Otherwise, boredom and dissatisfaction will develop. Also, every effort must be made to provide the educational achiever with an employment opportunity suitable to and consistent with his educational background. I am very pleased to report that every deaf-blind person who has attained some college education has been placed in non-industrial settings.

Generally speaking, the rehabilitation center offering services to the deaf-blind adult must offer a fully comprehensive program and the specific training must be intensive. All too often, an exposure to a certain activity is considered to be a training session. Training cannot be on a superficial level since the individual's failure once training is completed may not be brought to the attention of the proper authorities.

As part of the standard rehabilitation program at the Center, communication is an important, integral part. Every effort should be made to help the deaf-blind person utilize several methods of communication successfully and not be limited to one method or to the instructor's favorite method. It is the deaf-blind person who must be flexible to make communication as easy as

possible. For those who may have been educated in a school for the deaf, vocabulary development and language structure may be needed and in general, the art of communicating with people may need to be taught, encouraged and experienced since so many clients coming to the Center appear to have lost this art because of their limited contacts with fellow human beings for many years.

Learning to read the One Hand Manual alphabet or the sign language tactually is often difficult for some deaf-blind people with almost perfect central vision, but seriously impaired periphery vision (Usher's Syndrome). They require encouragement and counseling to assist them in accepting the use of the sense of touch when necessary, rather than avoiding communicating with others in a darkened area for fear of misunderstanding and being misunderstood.

Teaching braille may also present a problem since it, too, requires the individual to plan for the time when his sight decreases to a point when braille is necessary. Although many of the lower language deaf-blind people who have attended a school for the deaf, have done so little reading as sighted deaf individuals, it is imperative that they learn braille since it may become their only means of receiving information in the future.

The deaf-blind person must go through the experience of training in mobility, shopping and meeting the public if he is ever to free himself from the isolation brought about by the double handicap. Many times even the most skillful communicator may require the assistance of an interpreter. Therefore, it is felt that the interpreters serving the deaf should also be available to the deaf-blind. It may be necessary to provide the interpreter with some brief training in interpreting for this group.

Rehabilitation or vocational counseling is indicated if they are to know how their progress relates to their goals. Social casework is extremely important to provide the individual with the opportunities of planning his program, his future and to help him gain insight into his own feelings relative to his own handicap and his reaction to those around him.

Dr. Kinney, who is himself deaf-blind has often said that dignity is a two-way street and the deaf-blind person should understand that quite often the calibre of treatment and friendship he receives is related to his behavior. Many deaf-blind people have been misguided by people who were unable to point out their faults to them. This is a highly sensitive area but if they are to be helped, counseling must be of such a nature that these points can be discussed.

A most important factor of any program or of any form of help offered to the deaf-blind individual is that they must be offered without prejudice and free from prejudgment. The individual must have an opportunity to display his abilities and must not be kept from these opportunities because of some person's preconceived ideas of what a deaf-blind person cannot do.

Deaf-blind people are seldom asked for opinions, and when they are, they are related to decisions whether or not they want salt on their food or mustard on their meat. Although this is nice, they earnestly crave for the opportunity to plan and develop ideas of a more serious and professional nature.

Deaf-blind people have suffered too long as a result of others making decisions and plans for them. This must no longer continue. We must all leave here with the recognition that many deaf-blind people can lead an active and fruitful life and opportunities toward this goal shall no longer be denied them. As depriving as the double handicap is, deaf-blind people have suffered more from the attitude of those around them, and society in general than from the handicap itself.

At the Helen Keller National Center, we are aware of the difficulties that so many deaf-blind men and women encounter in trying to overcome boredom as a result of the many idle hours they have on their hands. For this reason, a large part of any rehabilitation program must be devoted to those leisure-time activities that can help them utilize these hours with their family and friends, or to constructively utilize this time, alone if they wish, to their own satisfaction.

It must be remembered that the person who is totally blind and totally deaf is perhaps the only handicapped individual who cannot sit alone passively and be entertained. Therefore, we must provide him with the skills that will be helpful to him and enable him to be a part of the family unit and not apart from it.

Quite often the family and the deaf-blind person have nothing in common or nothing to share, therefore an observation of the family's activities is important. Training can be aimed at helping them join in these activities. Games such as cards, dominoes, checkers, etc. can bring the individual into the family, and should not be overlooked. The deaf-blind need more volunteers, more braille material, more devices and more employment opportunities.

Yes, they need housing; they need clothing and food like all of us. They need to be accepted by their friends and loved by their families, but most of all they need their own self-respect and they need to feel that they are the masters of their destiny.

THE DEAF-BLIND PERSON IN OLD AGE — NEEDS AND SERVICES

**Miss Inger Lindgren
Finnish Central Association of the Blind
Finland**

First I want to point out that a person in Finland gets a pension because of old age when she is 65 years. Therefore, when I talk about persons in old age I mean people that are 65 years or older.

SOME FACTS ABOUT FINLAND

In Finland we have had programs for deaf-blind youth and adults since the year 1969 beginning with the employment of a deaf-blind advisor.

Today we know about a little more than 350 persons who are considered to be deaf-blind. Of this group only 80 are in old age. We think that there must be quite a few more persons who would fit the definition: deaf-blind in old age but because we have had all the time only one advisor specially for the deaf-blind, we just have not had the time to search for old people in Lapponia and large parts of eastern Finland, where the communications (bus, train) still are not too good. The advisor does not have a car of her own.

Of these 80 persons known, about half live in an institution (home for old people, the home for the deaf, mental-hospitals) or in a home of their own or a relative.

The different groups of deaf-blind people in old age are just as many as the ones of the whole group. In the group of 80, we find only a few who have become deaf-blind because of declines in old age. Most of our deaf-blind persons suffer from the disease Degenerative pigmentosae or Retinitis. The largest group is the one of primary deafness because of this disease.

The Finnish Central Association of the Blind does not make any difference between deaf-blind people or blind-deaf people. We consider the whole group as deaf-blind. The Finnish Cen-

tral Association of the Blind is the only organisation which works among deaf-blind youth and adults and therefore the organisation of the deaf-blind, Suomen Kuurosokeat (The Deaf-blind of Finland) also is a member organisation in the Central Association of the Blind.

I permit myself to make a little change in the title of my paper presented. As a result of that I'm going to treat the subject beginning with the services to deaf-blind people in old age. Coming from Finland I naturally am going to speak about the situation in Finland.

SERVICES TO THE DEAF-BLIND PERSON IN OLD AGE

As mentioned before we have only one deaf-blind advisor. Therefore it's my duty to confess that we have been forced to give services to younger people first. This of course means that most of the services are developed for younger people but are given also to people of old age. Because we haven't any services meant only for old people, I'm sure that you will find a lot to discuss about and to criticize.

1. Homecalls

Because of the fact that we have only one deaf-blind advisor we have been forced to reduce the number of homecalls. Still when talking of the group which is in old age we try to make homecalls whenever needed. Very many old people say that the homecall-service even is the most important service. Old people who are not used to travelling are not always so enthusiastic about courses far away from home or excursions or other programs like these. They seem to find homecalls safe and enjoyable. We feel that these homecalls are very much like usual visit to friends. This kind of homecalls fills a certain need, a need of contact, a need to be understood by someone, a need to have guests like other people. Still if the deaf-blind person needs some kind of rehabilitation this need cannot be fulfilled on a homecall. Very seldom you get enough time to talk to the deaf-blind himself. He may be surrounded by relatives, even neighbours who all are very interested in why this guest came to see the deaf-blind person. Some of them perhaps think that the deaf-blind person is going to be sent to an institution, some think that perhaps they are going to take his pension away from him and some are just curious. Under these circumstances it is really difficult to catch on to the real needs of the deaf-blind person himself. It is even more difficult to advise the family how to get contact with him to make him feel he has a human value and has the right to be a human being with all the needs, rights and responsibilities of a human being.

As a special group I want to mention the group of old (sometimes even quite young) deaf-blind that have been without contacts living in a surrounding totally without mental stimulus for years and years. Some of them are living in an institution (mental hospital, home for old people), others in a home of their own. I must admit that with the possibilities we have today we cannot be of very much help to this group. These are people who would need rehabilitation, not a one week course or something like it, but a far advanced rehabilitation beginning with something one could call a reviving of the person. We make homecalls to these people, but very often it only results in confirming the situation and a verification that we are not able to help. This always is a very difficult part in the work of the deaf-blind advisor.

As another special group I would like to mention those deaf-blind people who at a very early state, perhaps in the age of about 20 years have had the sad fate to be placed in an overfilled home for old people. Some of them remember the sign language, but nobody at the home knows it. Some of them are very good with their hands and would be quite capable of doing something, but because of their defect they have been sentenced to sitting quietly on their beds eating tranquillisers. Very many of those homes are quite old, situated in far away communities which are continuously fighting with economical problems. The personnel consists often of only a few workers of which most have an inadequate education. To make the life

worth living for the deaf-blind, we would have to make some changes in his home surroundings. Because we have not any institution just for deaf-blind persons, we must try to replace the person in question somewhere else. And this is not easy. We have only one home for old deaf people in Finland. The home is not large, it can take about 80 inhabitants, of which about 10 are deaf-blind. The list of applicants is long and sometimes the community does not give a promise to pay the costs, at the home for the deaf, which is absolutely needed. In this case we try to talk with the personnel of the home where the deaf-blind is already placed. Sometimes it helps, some people get interested, they try to learn the sign language, they even take part in courses together with the deaf-blind and really want to help. Sometimes however the personnel director says that it means more work and that they don't think it would be worth an effort to try. In those cases we find it most difficult to do almost anything. We try to take the deaf-blind to courses, we reduce his medicines to a minimum, we talk with him, he meets other deaf-blind people and we can see that he is happy. But when the course comes to an end and we see his tears, we hear his questions: "Do I have to go back?", we start to think: "Have we done the right thing, showing him what his life could be and still returning him to the same place which he came from?"

2. Courses

We have different courses for the deaf-blind. Some are what we call contact courses, some are courses where one can learn communication, mobility, ADL, some are courses for only young people, some are courses where one can learn household work and how to take care of oneself, some are family courses for families with children and so on. But there are no courses meant only for people in old age. First we thought, this was a very big fault, but after a few years of experience we have changed our minds. It seems old people find it refreshing to be among younger people and it's amazing to see how interested our younger people are to teach, help and discuss with the older group. Sometimes when we have an old person who isn't really very interested in almost anything, the younger group is able to pull the old person into it and make him interested in the program of the course. The spare time program on the courses seem to be enjoyable for older people, even if the program happens to be dancing.

We do not have a course center for the deaf-blind which always makes it difficult to find personnel for the course, and also difficult because we do not always find a place that is really fit for a course. Because of this we have to arrange most of the courses in the summertime when we can borrow personnel from our trade school which also takes deaf-blind students and of which very many of the teachers and other personnel know at least the elementary sign language. This we find absolutely important if there are primary deaf people with us on the course.

We have five or six courses a year, the lasting time being from six to ten days. Everyone has the right to take a guide of his own along. We hope the guide will be a relative or at least a person who tends to or lives as a neighbour to the deaf-blind person in question. All the guides may attend the teaching programs and they also have a program of their own, to learn how to live with and how to treat and accompany the deaf-blind. We also try to make them interested in communication, we teach communication and try to remove the fear which some people have of trying to communicate with the deaf-blind. Finnish people are often a bit cautious in new situations and it seems that we are afraid of making fools of ourselves. Still in a surrounding where almost everybody is a beginner, it is easier to overcome the fear and to, as we call it, take the bull by the horns.

3. Spare-time activities

The deaf-blind of Finland have an organisation of their own which I mentioned before. This organisation works very closely with the deaf-blind advisor. Sponsored by the Finnish Central

Association of the Blind and supporting companies and private persons we have been able to arrange journeys and camps inside Finland and abroad. Attending this kind of program naturally demands good health and that the participants are capable of taking care of themselves or have a guide who is willing to do so. There is always a nurse accompanying travels and camps. We try to find nice places where it is possible to swim (also from the Finnish sauna) and to lead an outdoor life, to enjoy ourselves and to discuss problems and to be together. Depending on the time of year we might choose a place fit for skiing. Some of them do not ski so much, but enjoy an outdoor life during the wintertime. We have mostly made journeys to Spain (Mallorca and The Canary Islands) because these journeys are less expensive than journeys to other places. We have also arranged cruises oversea to Sweden, and we are now planning a journey to Thailand. This is an expensive journey and that is why it may take some time before we are ready to travel. The deaf-blind themselves always pay 60 to 75 percent of the costs of their tickets while the organisation has to collect the rest of the money to cover the cost of tickets for the guides, different excursions and other programs during the journey. Older people have been interested in this kind of service.

4. Meetings, gatherings at the weekend

In cities, where we have 4 deaf-blind or more, we regularly arrange meetings. These meetings could be called discussion clubs. We come together in a room in a hotel and discuss things for about 3-4 hours.

We have weekend gatherings when it is time for the annual meeting of the deaf-blind organisation and when we celebrate what we call "little christmas" (The "little christmas-event" is a very pleasant weekend with a lot of cheerful programs). This event is usually at a weekend home for the blind or at a nice hotel there it also is possible to dance to an orchestra on Saturday night.

Old people are very interested in the meetings but only the very young at heart come to the weekend gatherings.

5. The services of the technical aid center

For 4 years we have had a lending establishment inside our small technical aid center.

It is possible to lend:

1. Brailers (Perkins or East-German models)
2. Typewriting machines
Typewriting machines with big letters
3. Casette machines-Basf
4. Tape recorders-Tandberg (This recorder is given only to deaf-blind persons who can listen to talking books and to integrated students.)
5. Tellatouch machines
6. Alarm-clocks for deaf-blind people

Persons may keep the technical aid for as long as they need it, free of charge. The costs are paid for by the government.

Other technical aids people have to pay for themselves or apply for, from the administration on social welfare. (For an example, doorbells for deaf-blind people).

This service is very much used also by old people.

6. The newspaper

We have only one newspaper which is meant specially for deaf-blind readers.

This newspaper has been published for three years **only four times a year!**

The reason that we have not been able to expand this service is that it has been the job of the one and only deaf-blind advisor to edit the newspaper. The newspaper is very much liked and we hope that we will get a chance to expand this service in the very near future.

The problem with most of the services is that the old person himself would have to be quite well and sound to enjoy them. At least he would need a person near him who could arrange things and accompany him.

Still many of the deaf-blind older people have been without contacts, living a life for themselves for such a long time that the only real service they get is a homecall every now and then.

THE NEEDS OF THE DEAF-BLIND PERSON IN OLD AGE

I will now go on to the needs of a deaf-blind person in old age.

I myself think that a deaf-blind person would be the right person to talk about their needs. One very often hears that the disabled persons themselves say: "There is always someone else deciding about my needs but very seldom someone asks me what my needs are." Still we have made great progress, a big conference like this shows that the deaf-blind themselves want to decide what is best in collaboration with, what we call, specialists from almost all over the world. In Finland where the deaf-blind organisation has not worked for more than six years, of which about two years was a period when the members were instructed how this sort of organisation works, the deaf-blind do not seem to be quite ready yet to take the responsibility of other people. They still sometimes say, do not ask me, you know better yourself, but we think and hope that it will not be for very long. I myself feel that our work has not been successful if we cannot raise an interest among our deaf-blind people which is directed to the whole group.

The needs of a deaf-blind person in old age are very similar to the needs of other people in old age. A safe place to live in, everyday contacts, contacts with relatives and friends. A need to be able to express oneself in an understandable way, to decide about things oneself, to be consulted in questions which concerns oneself. They need information, healthy food, fresh air and something to do. There are lots and lots of needs which are not fulfilled. These needs can be filled only if the surrounding people become aware of the rights of a deaf-blind person. Here we still have a long way to go, very often people in the first place look after or act as a guardian for the deaf-blind.

Through my work with the deaf-blind I have found some needs which would be quite easy to fulfill if we were provided with the money needed.

1. More contacts

Very many of our deaf-blind older people are really very lonesome. We would need some kind of supporters nearby the deaf-blind. These supporting persons would visit the deaf-blind as often as possible and would have to be persons who know how to communicate with the deaf-blind. They would also arrange someone to accompany the deaf-blind to different events and encourage him to make contacts.

2. More services to family members

By family members we mean the family of the deaf-blind (man, wife, children), the family of the deaf-blind (mother, father, sisters, brothers) or the relatives with whom the deaf-blind lives. Nowadays even a close friend or someone in an institution can be considered to need the same services as the members of the family.

With services we mean not only instruction but also support and encouragement.

3. More instructions to different institutions,

not only to one or two persons but to the whole personnel and also to people living in the institution together with the deaf-blind.

4. Servicehouses,

where deaf-blind people could live together and get the services needed and where the personnel is familiar with the problems of the deaf-blind. We think that these servicehouses should not be too large; perhaps instead of servicehouses, service communities inside a normal dwelling house. This way we might be able to make sure that this kind of service does not become a new sort of institutional living, but a living as near normal as possible. Quite a lot of our older persons would be able to take care of themselves if only they would be provided with a certain amount of services.

5. More possibilities to come together

and to discuss problems of their own without always having someone listening to and making remarks of their opinions.

6. More independence and more rights to decide

The deaf-blind are in spite of their age very often kept as under guardianship. Very many do not even decide what is done with their pension. We still have quite a number of deaf-blind persons who are considered to be unable to decide themselves.

7. More deaf-blind advisors

The number of deaf-blind people (all ages) in Finland is 350, the country is 1.160 kilometers long, which means that the distances are quite long. It is impossible for one person to take care of the whole group in an adequate way. **More homecalls** are desperately needed but for this service more personnel is needed.

8. A course center with a well-trained personnel

for what we call the basic courses. The basic courses consist mostly of training in communication, mobility, household work, physical exercise. The program is given with use of technical aids, discussions and spare time programs. We would like the basic courses to be at least three or four weeks long (now they usually are 7-10 days). We try to teach our deaf-blind to use both sign language and Braille.

The special-courses like the ones for youths could still be arranged in different places around the country.

9. More guides, more instructions to the guides and money to pay for their services

This way we could demand more of the guides. The guides being voluntary as they are now, makes it difficult to tell them to really do a good job. Some of the guides think that they do not have to do anything during a course or a journey, they feel that they are on a holiday once they have reached the course center or the destination of the journey. As a matter of fact, many of them really are on a holiday from their work. Because of this many of the guides do not satisfy the needs of the deaf-blind.

10. More services in the home

to those who live in a home of their own. These services could be cleaning services, help with shopping, post- and bankbusinesses, someone to assist when being treated by a doctor. All these services are quite small ones but locally needed.

I'm sure that there are lots and lots of needs waiting to be taken care of and I'm also sure that we all have a need to discuss both the needs of the deaf-blind in old age and the needs of the workers who have to work almost alone.

There are so many things to be done and surely you will agree with me that everything ought to be done to make the life of the deaf-blind people in old age as normal as possible. It is not a credit to the society to hide behind a manner of speaking like: "We would like to do everything but we do not have the money."

FINLAND IN A NUT SHELL

Area:	337,000 km ² (130,085 square miles)
The greatest length:	1,160 km (721 miles)
The greatest breadth:	540 km (336 miles)
Number of lakes:	62,000
The largest lake:	Saimaa 4,400 km ² (1,672 sq. miles)
The longest river:	Kemijoki 512 km (318 miles)
The highest fell:	Halti 1,138 m (4,380 feet)
Population:	4.7 million
Capital:	Helsinki, 500,000 inhabitants
President:	Urho Kekkonen

Communication Through Manuals, Codes, Retained Speech, and Technical Devices

by

Dr. Karl-Heinz Baaske, Director
Deutsches Taubblindenzentrum
Federal Republic of Germany

Thank you for your invitation to this Helen Keller World Conference. It was Helen Keller and her life which gave me the inspiration for my work as I have been engaged for many years in helping the Deaf-Blind, both the deaf-blind child and the deaf-blind adult. No person has been born into our world as helpless as the Deaf-Blind, no other person is as severely deprived of the important facilities enabling a natural development as the Deaf-Blind, no other person is so completely isolated in his social development as the Deaf-Blind, and as you can hardly imagine, no other person needs our help more than the Deaf-Blind.

All of us are called upon to offer to these people all the aids that enable them to be led to a new birth. Helen Keller set an example and proved that this is possible.

We know of the efforts that need to be made in the health, educational, professional fields and in social restitution and integration into our society to give the deaf-blind person an efficient rehabilitation after this birth.

In the Federal Republic of Germany, the German Deaf-Blind Center in Hannover has been trying since 1972 to take steps and to introduce measures to help the Deaf-Blind to realize this rehabilitation.

The Deaf-Blind Center is a supra-regional and central educational establishment and home. There are more than 60 deaf-blind handicapped children and 50 deaf-blind handicapped youths and adults living in the Center. Another 150 deaf-blind children of pre-school age and more than 500 adults are taken care of from the Center as out-patients. In the German Deaf-Blind Center in Hannover we give each child the chance of education and we hold rehabilitation courses for youths and adults.

Rehabilitation of the Deaf-Blind can only be made if you succeed in developing and maintaining language with them, since, following the views of Humboldt (1) we are of the opinion that language is the most important tool for forming a picture of the world available to man. The Language gives man the possibility to have a mental command of things, (2) it builds bridges to other individuals, wishes are born, language expresses the joy or sorrow of the individual. Heidegger says: "The ability to speak characterizes man". Language and humanity are inseparably linked. The way in which you have command of the language is less important.

Today it is not my task to describe the different ways in which the deaf-blind child is taught to use language. I would rather describe the way in which youths and adults use the acquired language, handle, extend and maintain it. One must take into consideration the fact that the visual and auditive damages to a deaf-blind person can have a wide range. The way in which the senses are deprived and the degree of this deprivation, particularly the time of the beginning of auditory damage are of decisive importance. Somebody who has learned to speak in the natural way through hearing, turning deaf and blind later on, possesses a source of language and imagination, which differs substantially from a person born totally deaf and blind. The person deaf or deaf-blind from birth will usually struggle for every word in order to be understood, you can only speak to him in plain colloquial language, whereas the blind person turned deaf later on has at his disposal all the subtlety of words and lives in the mental sphere of the language. This person will be able to hold conversations without any difficulties and to continuously extend and consolidate his vocabulary.

Deaf-Blind people will always be dependent on a special transmission of the language—whether they were born so or whether they became deaf-blind later on.

Communication is possible in different ways:

1. by feeling phonetic language from lips and larynx,
2. by means of a finger-hand alphabet,
3. by means of characters, for instance Braille, raised letters or by signs, as far as the Deaf-Blind has retained vision, signs or printed letters, being written into the hand or on surfaces.
4. by means of natural and artificial gestures, and finally
5. by means of mimic gestures.

Unfortunately, not all Deaf-Blind can obtain the ability to learn phonetic language according to the American "TADOMA" method by lip reading and feeling from the mouth and larynx of a speaking person. The deaf-blind person will therefore as a rule make himself understood by means of a finger or hand alphabet. This is a motional, tactile, and sensible system of functioning, that can have several variations. Most German deaf-blind people use the feeling alphabet developed by Lorm.

Hieronymus Lorm (his correct name is Heinrich Landesmann) turned deaf when age 16 and became blind when 60 years old, nearly a hundred years ago. In order to make himself understood by his brothers, he composed his "feeling alphabet". With this alphabet, the speaking person gives signs with the fingers of his right hand by striking, punctuating, or grasping the open palm of the receiving partner. All of these efforts signify a letter or sound of our alphabet. In this "way of speaking" you can achieve a speed of 75 syllables per minute as a maximum. The normal speed of speech cannot however be obtained in this way.

There are a series of similar hand alphabets in Germany and in many other countries of the world. I could not enumerate them all now. All of them have the same objective: To enable a form of communication with the deaf-blind by means of the hand. You produce a close contact, a contact of the skin, with the hand alphabet. This is extraordinarily important for each deaf-blind person, for their partner remains in the immediate vicinity of the deaf-blind with this permanent contact. The deaf-blind draws conclusions regarding his partner from the way and the intention of transmitting the language with the hand alphabet, moreover, the communication from the hand alphabet can be extended and completed by natural and artificial signs or gestures. These signs will often be necessary for better understanding, particularly for the deaf-blind who have been without hearing from birth or early childhood. Two requirements are essential for a "conversation" by means of the hand alphabet:

1. Both partners have to have command of the language and
2. both partners have to have command of the techniques of the hand alphabet.

While the process of educating deaf-blind children in the language field can develop extremely laboriously and often very imperfectly, there are hardly any great difficulties for people with hearing or deaf-blind people who have sufficient understanding of the language to learn a hand alphabet. It is, however, difficult, to find enough people who have the time and patience to "talk" to the deaf-blind.

Communication with deaf-blind people by various ways of writing is usual, even though it is not as direct as the hand alphabet. In this case a language and reading ability is also required. The most common way of written communication for the deaf-blind, reading and writing, remains Braille.

On transmitting these signs it is unimportant whether the deaf-blind reads dotted writing from sheets or tapes, or whether he writes with a Perkins Braille or a short-hand typewriter.

The German Deaf-Blind Center has suggested and financed a system of communication based on writing. Thanks to this system, the deaf-blind can make themselves understood in our Center and throughout the country "telegraphically" with the "Brailomat".

The Brailomat — TBK (Communication for deaf-blind) has been constructed by the two engineers Thiel and Sorke, and consists of a Braille tape printing apparatus, a six-point-Braille keyboard, a fingerplate, and the appertaining control electronics. The Brailomat is connected with a telephone line. In order to call the deaf-blind in our Center, we use an ultra short-wave transmitter of a certain frequency with the aid of a fingerplate and a receiver. The deaf-blind carries the receiver on his body, it begins to vibrate on being called. This is the sign for the deaf-blind person that he will receive written messages in Braille on a tape on his Brailomat. After reading this message he can reply immediately to his partner in Braille with the Braille keyboard. In our Center every deaf-blind person, who has command of Braille, has received a Brailomat. We also wish to equip the deaf-blind throughout the country with Brailomats. For this we need the special permission of the Minister of Post. We have asked for this permission, but have not yet received a positive reply. If we receive permission in the not too distant future, it would be possible for the deaf-blind to exchange information among themselves and with their friends and relatives within the Federal territory thanks to the Brailomat and the telephone, this depending naturally on their command of Braille.

With the aim of achieving communication between the deaf-blind and those sighted people, who do not have command of Braille, the German Deaf-Blind Center has had an apparatus incorporating a visual display developed by Thiel, in addition to the Brailomat. This screen apparatus has a normal typewriter keyboard and serves as a transmitting and receiving station for the sighted person.

The screen is connected to the Brailomat of the deaf-blind person with an electronic translator. The sighted person writes to the deaf-blind person on the typewriter keyboard, he can read the text in printed letters on the screen. At the same time, the text is electronically translated into Braille and is given to the deaf-blind person in Braille on paper tape. After reading the text, the recipient answers by means of his Braille keyboard. This answer is electronically translated into normal print and is transcribed into printed letters on the screen. This extended electronic system of communication for the deaf-blind can immediately translate Braille into printed letters and vice versa.

Thanks to the Braille Conference Unit one can write simultaneously in Braille to several of the deaf-blind people in our center. Deaf-blind people can have dialogues among themselves in Braille with this unit. The Braille Conference Unit is composed of several pieces, all of them are equipped with a Brailomat, a tape printing apparatus and a six-point-Braille keyboard, as well as a control position containing a switch-board in addition to the Brailomat and the keyboard. The Braille tape printing apparatus can be lowered in each position, and, when needed, raised from underneath the table-top. The control or teaching position is also equipped with a Brailomat and is connected to a switch-board. This is the central control unit for all the radio keys.

In Germany as well as in our Center there are deaf-blind, who do not have command of Braille and who are not able to learn Braille, although they have sufficient understanding of the language. Communication with these deaf-blind is to trace letters on their hands.

Some deaf-blind can only make themselves understood by others by using natural and artificial signs of gestures or mimic gestures. Such an understanding will be limited to the general needs of daily routine.

With the advancement and training of the deaf-blind, our target must remain to lead as many deaf-blind as possible out of this very narrow field of understanding and to convey speech in a phonetic, written and tactile way. Moreover, it is our obligation that the way of speaking of our deaf-blind will remain natural to as great an extent as possible.

It is important that vowels and consonants are spoken clearly by the deaf-blind, that the syntax of his speech is not lost, that his speech remain melodious and finally that the sound of his speech does not become high or low. If all these conditions are approximately met by the deaf-blind, the deaf-blind has achieved an important goal. Those who hear have a natural way to correct speech through using the ear. The deaf-blind are without hearing, for this reason they can only correct speech in the tactile way. This can only be done very imperfectly, for example by feeling of kinesthetic modalities either by the individual himself, his partner or by means of an apparatus.

The equipment which we use to correct speech is called a Monophonator. It is composed of a control unit, a microphone, a vibrator, and a hearing amplifier. The latter will, of course, only be used if the individual has residual hearing. If residual hearing is present, every deaf-blind person is additionally equipped with the hearing-aid. In addition, if they have residual vision, we give our deaf-blind visual aids.

In our Center we consider it a very important task to activate, to maintain and to use the senses of the deaf-blind that they have available.

The various forms of hearing-aids which you will certainly know of and which are used by us are:

1. Breitband hearing-aid
2. "Behind the Ear" hearing-aids
3. Mikroport hearing-aids
4. Hearing spectacles

If the damage to the hearing of our deaf-blind is "only" medium-up to high-grade, well adapted hearing-aids can be important aids for understanding speech and ways of speaking. Nevertheless, perfect function of the hearing of the individual cannot be replaced by a hearing-aid, distortions of speech and misinterpretations in understanding of speech cannot be completely avoided.

For the deaf-blind person having sufficient residual vision, we can offer magnifying glasses, light magnifying glasses and reading equipment apart from spectacles and contact lenses. These enable the reading of hand-written or printed texts.

Apart from the facilities for linguistic communication, we must continue our efforts to give the deaf-blind technical aids to master daily life and thus to make it easier for them. In our Center we offer assistance in technical orientation and recognition as well as ophthalmological and hearing-aids.

For using the lift, vibration borders indicate the opening of the lift doors, vibration buttons in the interior of the lift indicate the floor the lift is going to. The "wind bells" in the rooms of our deaf-blind replace a normal system of bells. In our electronic skittles alley, raised buttons indicate how many skittles a person has hit. Marked borders in and around our house convey an exact orientation of each part of the building. It is our task to maintain, to activate, and to constantly use the residual hearing and sight of the people we care for. Spectacles, magnifying glasses, cold light magnifying glasses and reading apparatus give the visually severely handicapped deaf person the possibility of recognizing writing and pictures at various enlargements and with differing light intensity.

Our deaf-blind with residual hearing are supplied with various kinds of hearing-aids and Mikroport units, so that they will be able to perceive speech and noises at least partially. An adequate ophthalmological and hearing-aid supply can only be achieved in permanent cooperation with doctors and accoustics experts. They have to examine whether functional improvements by operative measures seem to be possible and desirable.

Ladies and Gentlemen,

In my speech I have been trying to show what technical aids we can give to the Deaf-Blind to help him master life, furthermore I wanted to make it clear how hard and laborious it is for the deaf-blind to achieve communication using language, and in which ways this communication is being achieved.

Such a person is in a deprived condition in his hearing and seeing environment, for he does not use language in its essential, namely acoustic function. Due to deafness, the deaf-blind can hear neither sound nor tone, neither echo nor noise. Due to the blindness he cannot recognize the signs, pictures, his opposite.

Deafness and blindness hinder all contacts to fellow creatures who have all their senses intact, and can drift the deaf-blind person into an isolation, from which he or she may only be freed, if sufficient contacts to the outside world are made, and if these contacts are made the deaf-blind may also lead a fulfilled life in dignity.

BRAILLE RESOURCES FOR THE DEAF-BLIND PERSON

WHAT THEY ARE

AND

WHAT THEY COULD BECOME

by

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Introduction

In addressing the topic "Braille Resources for the Deaf-Blind Person: What They Are and What They Could Become" one could logically detail current and past braille production methods. One could also identify existing braille libraries and project future possibilities in terms of their size and availability of holdings to the deaf-blind user community. Pursuing this a bit further, it would not be unreasonable to chronicle the historical development of braille and, as Robert B. Irwin put it, "The War of the Dots."

I have elected not to take this approach! Rather, I will assume your knowledge of braille and but briefly note current production techniques. I will then concentrate upon what appears to me to be the very promising application of twentieth century computer technology to the creation of braille — to the direct benefit of deaf-blind children and adults.

Current Production

Braille in the United States is the "official" system of embossed writing for blind persons. All producers of "press" and "handcopy" braille follow Library Of Congress standards and, for the most part, are certified by the Division for the Blind and Physically Handicapped, Library of Congress.*

"Press" braille publishers, in the U.S. and in other countries, input in various ways. In some cases they also have varying output products; solid dots in England, for example. However, all produce materials consistent with existing national standards. "Today (braille) is world embracing, for it has been adapted to the needs of Oriental and Slavonic languages, African dialects and the complexities of the Chinese Ideogram."

One consistent problem, however, is the lack of cost effectiveness. For example, in the United States the largest production run of braille books approaches 90 copies. The largest production run of braille periodicals approaches 2,500 copies.

Excepting Great Britain, all other braille production figures are significantly lower.

These output figures do not permit cost efficient production. As a result, few commercially-produced print monographs, periodicals, and serials are issued for blind and deaf-blind readers. I suggest that using current production techniques few titles ever will be produced.

If it costs approximately \$1.5 million in the United States to produce but three hundred and fifty titles and twenty periodicals, what hope is there for the production of a greater number? Frankly, utilizing current methods, there is little hope of expanding the world production of braille to meet needs.

What, then, is to be done? How can publishers ensure that deaf-blind individuals have access to materials required for daily living — and for recreation — in a quantity that will satisfy existing and projected needs.

As previously noted, I believe needs may be met by adopting emerging computer-related technological advances to braille requirements and by accepting the concept of "on demand" production.

"Until very recently methods of producing Braille were simple: it was a matter of transcribing a single copy of work. Either a slate or the typewriter with six keys was used. If it was a matter of printing a number of copies of a text a stereotype plate of zinc or aluminum which was embossed onto special machines called stereotypers was used. The stereotype plates, fixed on a press, embossed the paper. In both cases the transcriber or printer had to know Braille.

"Do new techniques allow the possibility of transcribing or printing Braille by people who don't know this writing? The transformation of ordinary writing into Braille is a problem of information processing, hence in the domain of the computer. If it is a matter of simply converting writing into Braille one hardly needs a computer. On the other hand, it is an entirely different story if we are dealing with contracted Braille. In several countries, notably Denmark and France, (Germany and the United States) research has been undertaken in this direction. It has resulted in obtaining from the computer a punched or magnetic tape, coded in contracted Braille.

"One could raise another problem: how (does one) enter the printed text into the computer? The standard solution is to use a keypuncher which produces cards or tapes in the code of the computer. Some have thought that it will be possible to use punched or magnetic tape prepared for other uses. Others, seeing even farther into the future, hope for the day when Braille production facilities will have access to the large computers of libraries."

Technological Applications

Braille is a marvelous invention but it presents an inconvenience — the bulk, and related costs, of materials. To convince oneself of this one need only think of the Braille Library of the

Association Valentin HAUY which has twelve rooms of more than 100 square metres for the storage of some 200,000 braille volumes, representing around 30,000 works. One can also think of the U.S. Library Of Congress system in which 50,000 works are represented in approximately 4,000,000 braille volumes with significant storage requirements.

The continuing question is "How, in the current age, is it possible to reduce volume — and related costs — considerably?"

The solution is to store a text coded in braille on a magnetic tape so compact that one track can store a work which normally takes up five braille interpoint volumes.

The storage is relatively easy! It is not so easy to present braille in a form the deaf-blind can read.

Two organizations are currently addressing this problem. The Association Valentin HAUY — in France — following two years' work in cooperation with the ELINFA Society — in the persons of Oleg and Andre'e Tretiakoff — developed a device which presents braille in relief on a line of twelve characters.

Dr. Weiner Boldt, Professor, Dartmund University, Germany, has also developed, and is now refining, a device which computerizes braille and offers a simple reading mechanism. It is called BRAILLEX.

I suggest that either the Association Valentin HAUY (ELINFA) device, the Boldt (BRAILLEX) device, or a modification of these, is the way of the future in addressing the braille needs of deaf-blind individuals.

Specific Devices

I will now briefly describe both the ELINFA and BRAILLEX devices prior to generalizing on future possibilities.

ELINFA

The ELINFA device is portable (8x9x2 inches) and weighs approximately 4 pounds. It operates for two hours on rechargable batteries. The machine has a braille keyboard with six keys, similar to the Perkins Brailier keyboard. As a person hits the keys, the braille cells appear on the raised band from right to left. A backspace capability allows the correction of errors. When the memory bank of the machine is full, it is possible to reread its contents before transferring it to cassette. Conversely, the text stored in the cassette is transferred, block by block, into the memory bank and displays, line after line, on the band.

The machine permits the user to take notes and to reread that which is registered on the cassette.

An attachment allows the liaison between the memory of the "Digicassette-Braille" and a computer, a teletype machine, a typewriter, a calculator, or any other type of machine emitting standard coded signals. The blind can, with this machine, communicate with a computer. Moreover, a text stored in a computer can be transferred into the memory bank and the cassette of the ELINFA machine.

BRAILLEX

Dr. Boldt's system also offers quick and easy access to sequenced information. The

BRAILLEX comprises an electronically controlled high-speed cassette deck, a braille display of 32 characters, an electronic braille keyboard, and the central electronic assembly of the advanced microprocessor type that is installed on printed circuit boards for easy maintenance. The size is comparable to ELINFA.

BRAILLEX has four basic functions: dictionary, file, index, and reading.

Dictionary: Programmed cassettes are placed into the cassette holder. The user operates the braille keyboard by inserting the selected code word. The latter appears on the braille display for rechecking. After pressing the "Search" key, the information related to the code word is recalled electronically from the cassette within an average access time of 30 seconds and is then presented in braille and/or spoken language.

Tape resetting after use is not required if the program is stored in alphabetic or numeric order. For the next operation the system decides whether the code word can be found by quick forward or return winding. Fragments of words or basic terms can be called up and assure exact output.

File: Any information in connection with a braille code word can be stored acoustically and/or in braille on the tape. The braille keyboard is used for the input of the code word as well as for braille-stored information. For this function, too, the input is performed on the braille display for checking purposes.

Unsequenced blocks of information can be called at any time. **BRAILLEX** offers the possibility of obtaining a selective readout of all information that is stored in connection with the same code word.

Index: **BRAILLEX** permits searching for specific pages, chapters or subjects according to the user's interest. During auditory presentation search codes or indices in braille are recorded digitally on the tape within a very small unit of time. Rapid access is achieved.

This technical solution for retrieving is basic for effective working with important material.

Reading: **BRAILLEX** permits reading books from magnetic tape cassettes that have been prepared for tactile reading. After the text has been called up, a text portion corresponding to about one page of braille is transferred to a memory. This store releases its information continuously to the braille display according to the user's reading speed. For control of the text, the user is free to recall preceding lines or to turn up to forward sections by pushing a contact. Thus, a volume of a medium-sized pocket book can be stored and presented by a C-90 cassette. This possibility, although it doesn't meet the real intention of **BRAILLEX**, may provide additional opportunities to users, as the basic functions of the system include this as an incidental profit.

Future

What does this all mean? What is the future of braille resources for deaf-blind individuals?

I suggest the future is bright! I suggest the future holds the possibility of many more volumes than currently available, prepared on both a "press" and "on-demand" basis. I suggest the future holds a reading world for the deaf-blind that will approximate that available to the sighted.

Future Details

What the future holds is an instrument that will accept both individual input and "press" input. The future holds a small, light, silent, braille input/output device that permits:

- 1) operation through manual keyboard or external devices;
- 2) portability;
- 3) instant display of all braille signs and numbers;
- 4) sound and braille playback alternatively on the same tape, or at least in the same machine;
- 5) battery operation.

In short, the future holds a low cost personal braille device: that will permit commercial producers to create tapes that may be duplicated on request; that will permit volunteers to produce tapes that may be duplicated on request; and that will be owned by all deaf-blind individuals for reading of important items and for the creation of personal communications. The current cost of approximately \$2,000 for each experimental unit will be reduced as a result of volume purchase by government, agency, and volunteer purchase.

Conclusion

I trust these brief highlights of emerging technology will encourage those of you involved in work with deaf-blind children and adults.

Footnotes

¹Irwin, Robert B. **As I Saw It**. American Foundation for the Blind, New York, 1955. 205 pp.

²Birns, Shayne. "Review of Literature on Braille Reading." **The New Outlook for the Blind**, November 1977, Vol. 70, No. 2.

³Roblin, Jean. **Louis Braille**. Royal National Institute for the Blind, London, England, 1953. p. 46.

⁴Schneider-Maunoury, Pierre. **Le Louis Braille**. Paris, France, November-December 1976.

Life Skills: Basic Self-Care for the Deaf-Blind (Communication, Mobility, and Others)

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Because of the dual nature of the handicap of deafness and blindness, which deprives an individual of the two primary senses of sight and hearing through which one becomes aware of environment and gathers knowledge of the world at large, deaf-blind people have problems of communication, mobility, and other daily living skills that are unique and make independent living more difficult to achieve. Independence for these individuals is definitely a relative thing, because they are far more dependent on the assistance of others for the essential activities of everyday living than any other disabled group. Even the best adjusted and most highly

motivated deaf-blind person cannot avoid this dependence on other members of society for assistance, and will experience frustration when needs are not met or activities are limited because the necessary assistance is not provided. This is particularly true for a deaf-blind person who has a total loss of both sight and hearing and a lack of understandable speech, a condition which is intrinsically isolating and increases dependency.

Communication is unquestionably the basic skill a deaf-blind person needs for any degree of independent living, as it provides direct means for social exchange of ideas and for expression of needs. It has always been my belief that, whenever possible, a deaf-blind individual should learn to use as many communication methods as his capacity will allow, and essentially those which are in most common use, such as the one-hand manual alphabet for the deaf, the printing of single block letters on the palm of the hand, braille, typing, and the use of alphabet cards and other communication devices. The more familiar one becomes with various communication skills, the more likely it is that he will have greater ease of access to daily social interaction. And if the deaf-blind person possesses understandable speech, he should be encouraged to use and develop it.

I would like to stress the importance of deaf-blind persons learning to read block print traced on the palm of the hand, as the majority of the general public are familiar with this communication method and will use it with a deaf-blind person when it is properly explained. I have found it very helpful to type out a card explaining that I am deaf-blind, and that the other person should print on the palm of my hand with a fingertip. But one needs to be careful, too, as some people use ballpoint pens for this purpose — with the result that the messages are hard to erase!

Some deaf-blind people find it difficult to read print in the palm of the hand. In such cases, a simple alphabet card, showing both print and braille alphabets, can be very useful and convenient. It should also be noted that there are other methods of communication in use such as the alphabet glove and Tellatouch, which some deaf-blind persons prefer.

In recent years a great deal of interest has been shown in developing devices so that deaf-blind people can communicate over the telephone. Currently, the American Telephone and Telegraph Company has a device which enables a person to send Morse code signals over the telephone, so that they can be received by feeling a small vibrator which transmits the signals tactually. This device is very similar to the Tactile Speech Indicator, a small, compact, battery-operated portable device that also has a small vibrating disk that can be activated by voice signals for transmitting Morse code. The TSI has the advantage of convenience, being very light and portable; it also has the advantage that a deaf-blind person who has speech can ask questions over the telephone and receive coded yes and no responses.

One of the newest telephone devices for the deaf-blind is the braille teletype machine, called TTY. Built into a large attache case, it can be coupled to a telephone, and messages can be typed out on a regular typewriter keyboard and sent to deaf persons who also have TTY machines adapted for the deaf. The deaf-blind user receives messages spelled out in braille characters on a paper tape. Because there are now police and emergency centers which have TTY machines for communication with the deaf, this device can be very useful to a deaf-blind person living independently in case of emergencies. However, the braille TTY is expensive, and most deaf-blind persons cannot afford it unless the cost is subsidized by an agency.

In addition, the Helen Keller National Center is presently developing a telephone device called Telebraille, which uses a braille cell. Telebraille has not as yet been field-tested, but it shows promise for future use by the deaf-blind.

There is no single device currently being used as a telephone ring alert. Deaf-blind persons with partial sight can install lights to tell them when the telephone is ringing; those who have no usable vision can use fans. While on this particular subject, I would like to point out that there is also no special doorbell in current use, and that many deaf-blind people use either the light system or fans to tell them when the doorbell is being rung. In my own home, if guests are expected, my wife and I leave our door open for the visitors. The Helen Keller National Center hopes to develop a small device, called Wrist-Com, which, if perfected, will serve both as a doorbell signal and telephone ring alert.

Another serious aspect of independent living for the deaf-blind is mobility—the ability to travel freely and safely within the areas in which they live. I would like to emphasize several factors that are of prime importance if a deaf-blind individual is to achieve maximum personal freedom in moving about his environment. Living accommodations should be chosen carefully, with a view to ease of access to local transportation and shopping and services; there should also be good pedestrian traffic in the area for assistance in crossing streets. The deaf-blind person should become familiar with the use of the long cane in traveling, and even an individual with some residual vision should carry a cane for safety. In addition, the deaf-blind person should be familiar with landmarks within the area most frequently traveled, such as peculiarities in the sidewalks and fronts of buildings, so that he can orient himself to specific locations of places he wishes to visit. It is also important to know the hazards and obstacles along the route of travel—bad pavements, driveways, steps, overhangs, and trees and poles.

I feel that deaf-blind travelers should use canes several inches longer than those usually used by hearing-blind persons, because the additional length provides a greater safety margin. I would also suggest that they carry cards or buttons stating that they are deaf-blind, which they can show to passersby when in need of assistance. Some deaf-blind persons carry whistles which they use to get attention from the public when they stand too long at a street crossing without being offered assistance.

Shopping can be a serious problem for a deaf-blind person who lives alone, particularly supermarket shopping. In the past, I would type up a list which I would give to the manager of the local supermarket, and the order would be delivered at the end of the day just before the store closed. Unfortunately, most supermarkets no longer provide home delivery service, which often makes it necessary for someone to accompany the deaf-blind shopper when there is heavy marketing to be done. With practice, a deaf-blind shopper can identify most cuts of meat, fruits and vegetables tactually; but unless there is some useful residual vision, he will need assistance in selecting canned and packaged goods. It is essential that canned or packaged items be carefully separated or marked, otherwise the deaf-blind person will have to be satisfied with potluck!

Shopping for personal items such as clothing also requires that the deaf-blind person have some one assist him in making good selections. This can be accomplished by having a friend accompany the deaf-blind person, or by depending upon the good taste and judgment of a reliable store clerk. Coordinating most items of clothing is not difficult because there is such a variety of weaves and textures, or there may be identifying features such as cut, number of buttons, or general design that will be helpful. There are, of course, instances where materials may have the same texture but different colors, and these items must be color coded to identify them. For the purpose of color coding, there are available small braille metal labels, or one can use small staples or clips located in inconspicuous places. However, I still recall the day I went fishing, wearing one red and one white sock, and when a friend asked me where I had gotten such a peculiar pair of socks, I told him I had another pair just like them at home!

I am assuming that any deaf-blind individual planning to live as independently as possible

has been well trained in daily living skills. Such a person must at least have a general knowledge of self-care, homemaking, travel techniques, communication skills, cooking and fundamental home maintenance. Personally, the only specialized devices or aids in use in my home, other than the telephone devices I have mentioned, are a special clock and vibrator for waking up in the mornings, and a few measuring tools marked in braille.

There are probably individuals who may need more specialized aids, and many of these can be obtained from the American Foundation for the Blind and other sources. However, I believe that it is preferable that a deaf-blind person should try to use standard equipment wherever feasible, and not become too dependent on specialized devices.

But no matter how capable and confident a deaf-blind person may seem, the limitations and restrictions of the dual handicap of deaf-blindness are always present, and we must admit their existence realistically. Most deaf-blind people will need to depend on others, to a greater or lesser degree, for many of the ordinary activities of daily living. In most instances, they will need help in reading printed materials, for crossing streets, for doing heavy shopping, or in case of emergencies. We must also admit that the severity of this handicap will always narrow the scope of an individual's overall social and recreational opportunities, and that no matter how well adjusted and busy the individual may be, there will always be periods of frustration when the feelings of isolation and loneliness will be intense. Although in recent years there have been brighter prospects for deaf-blind people and a greater interest in their welfare, the term "independence" will always have a relative meaning for the deaf-blind.

I believe that there are three basic devices that are needed by a deaf-blind person who lives alone: a dependable doorbell device that will permit a deaf-blind person to move about an apartment or home freely; a dependable telephone ring alert device; and a telephone device that can be used by most deaf-blind persons. But even if these basic devices were available, they would not greatly minimize the real need for assistance in many areas of living. Such devices would merely make living a little easier and more bearable, but would never supplant the necessity for human contact and companionship.

There are a number of suggestions I would like to make from my own experiences as a deaf-blind individual. It is true that in many respects I have been more fortunate than others who share the same handicap, but the everyday problems all of us know as deaf-blind people are just as obvious and acute for me as for others.

1. There is a need to share knowledge and technical information regarding research into the problems of the deaf-blind, and the deaf-blind themselves should be acquainted with progress.

2. Means should be established for making aids and devices needed by the deaf-blind more available to them at reasonable cost or through subsidization.

3. More voluntary services are needed to assist deaf-blind people with the problems that limit them in functioning independently because they require sight and hearing for solution.

We stand at the edge of tomorrow, and the future is still not very clear for many deaf-blind people. But we can hope that tomorrow will bring a greater share of independence to these people who though severely disabled, have a right to human dignity.

SECONDARY, HIGHER AND CORRESPONDENCE EDUCATION FOR THE INTELLECTUALLY ABLE

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In the United States, administration of educational programs is the responsibility of the individual states. Most states have laws requiring compulsory attendance at school by all children of the state. However, such laws often provide for the exclusion of "children with bodily or mental conditions rendering attendance inadvisable." Exclusion may also occur when the "child's physical or mental condition or attitude is such as to prevent or render inadvisable his attendance at school or his application to study."

The legality of denying a public education to handicapped children by any means is increasingly being challenged. The legal basis for this challenge comes from the "equal protection" clause of the Fourteenth Amendment of the United States Constitution, which guarantees to all the people equal protection of the laws. Basically, this means that what is done to some people must be done to all persons on an equal basis. Thus, a state may not establish a separate program and procedure for dealing with different groups of people unless a compelling reason for such differential treatment can be clearly demonstrated.

The application of the "equal protection" concept to the education of handicapped children has forced administrators of public education programs to re-examine the meaning of the term "equal educational opportunity." Initially, equal educational opportunity was a populist concept. Tom Watson interpreted it thus: "Close no entrance to the poorest, the weakest, the humblest. Say to ambition everywhere, the field is clear, the contest fair; come, and win your share if you can!" Education thus became a race, or free-for-all, where everyone had equal access to its resources and equal opportunity to meet or fail its objectives.

In the 1960's, American education entered the compensatory period. We said to those in the race who could not run, "We'll give you crutches, we'll give you special aids, we'll help you run the race." Thus, the concept of equal educational opportunity was changed to require equal access to differing resources for equal objectives, with everybody still coming out the same in the end.

Today, the meaning of educational opportunity has again undergone change. It is now recognized that acquiring any skill that will permit a handicapped person to better function in daily life is a valid concern of education. Because of this, an individualized education instruction program will be established for each handicapped child, with the ultimate objectives being based upon the individual child's capabilities. Thus, the concept of equal educational opportunity has now come to mean equal access to differing resources for differing objectives.

Another important issue now being addressed by educators in the field of special education is the question of proper placement of each handicapped child. It is recognized that the best education is provided by the regular public schools. It is generally agreed that a handicapped child is best placed in a regular public school setting if the child can significantly benefit from such placement. Or would a special class in a regular school best suit the child's needs? Or would placement in a residential school for the handicapped be the most appropriate setting? Finding the answer to this question for each individual handicapped child is one of the main issues in special education in America today. We are now committed to finding the least restrictive educational environment for each handicapped child.

The foregoing has had significant impact on the schools and programs serving handicapped children. The most qualified handicapped children are now being educated in regular schools,

an educational technique that has come to be referred to as "main-streaming." Severely handicapped children who in the past would have been confined to hospitals or would have received no education at all are now the prime concern of the residential programs.

The preceding discussion has dealt with general trends in special education. It was a necessary prelude to examining the topic before us, for it is necessary that we know how the deaf-blind with academic potential are being placed in educational settings today, and why they are being placed there. This is so because it may come as a considerable surprise to some to learn that most of the gifted deaf-blind children with academic promise are **NOT** being educated in programs specifically designed for the deaf-blind. Rather, they are more and more being served in less-restrictive educational environments, with assistance from programs providing support services such as interpreters, readers, note-takers, tutors and the like.

There is very little documentation available on the subject of the deaf-blind in secondary education. This is in part due to the fact that, even in a country with a population well over two-hundred million people, there are relatively few deaf-blind children, and even fewer deaf-blind youngsters with academic promise. One noted educator of the deaf-blind recently estimated that there were only five or six deaf-blind children in the country with the academic ability to be considered for college or university study. Most educators in the field would probably agree with this statement. They just have not seen much promise in the youngsters they have at their schools, and it would therefore seem reasonable to assume that there is not much promise elsewhere either. But, as we shall soon see, there apparently is reason to think more optimistically.

As a graduate student this past year, I was required to research the subject of the deaf-blind in higher education in the United States. As part of this undertaking, I was asked to determine how many deaf-blind persons have ever attended a college or university or other form of post-secondary education. It turned out to be quite an adventure, for there were very few written records available on the subject. This, at any rate, provided the background for the present discussion.

The first deaf-blind person ever to attend college was, as we all know, Helen Keller, who graduated from Radcliffe College in 1904. The second was John Murphey, who graduated from St. Louis University in 1927. In 1950, Robert Smithdas graduated from St. John's University, and three years later, he became the first deaf-blind person to earn a Master of Arts degree when he received that honor at New York University. In 1954, Richard Kinney graduated from Mount Union College; in 1959, Jacqueline Coker graduated from the University of the Pacific; in 1961, John Boyer graduated from the College of St. Thomas; subsequent research has revealed that Barbara Wagnich graduated from New York University in 1964. In 1966, Tommie Goins graduated from Blue Mountain College; and in 1967, Roderick Macdonald graduated from St. Anselm's College.

It is important to note here that all eight of these deaf-blind persons can best be described as being "blind-deaf", a term that has come into practice in recent years to denote persons who are primarily blind individuals who have become deaf. By contrast, there are the "deaf-blind," denoting people who are primarily deaf persons who have become blind. At any rate, all eight have excellent language skills; all have recognizable speech; and all are proficient in the use of braille. I believe that at least half of these eight people are with us here today.

One of the most awkward problems in trying to determine how many deaf-blind persons have entered higher education is the fact that there is not always a clear-cut definition as to what constitutes deaf-blindness. In the case of the eight persons mentioned, there was no problem, since all are well within the legal definition of blindness and all are profoundly deaf.

Over the past decade, educational programs serving the blind have shifted emphasis toward vocational training programs. Over the same period, programs serving the deaf have turned more and more toward academic programs. Perhaps as a result of this trend, there seems to have been a definite decline in the number of deaf-blind persons, who are primarily blind, in higher education, with a corresponding increase in the number of deaf-blind persons, who are primarily deaf, reaching academic success. Arthur Roehrig, for example, received his Bachelor's Degree from Gallaudet College for the deaf in 1968, and he later earned his Master of Arts Degree from Gallaudet in 1974. Similarly, Stephen Ehrlich earned his Bachelor's Degree from Gallaudet in 1972, and his Master's Degree from the California State University at Northridge in 1975.

By the start of the 1976-1977 academic year, more than twenty deaf-blind persons had entered some form of higher education. Most of these attended four-year colleges or universities, but some also attended two-year junior college programs or specialized professional schools. Noteworthy here is the case of Adeline Becht. She earned her Bachelor's Degree during the mid-1960's before becoming deaf-blind. In 1976 she earned her Master of Arts Degree from Lewis and Clark University. What makes her particularly unique is the fact that she is now enrolled in the doctoral program at the University of Oregon.

During the 1976-1977 academic year, a truer indication of the potentials of the deaf-blind manifested itself. During that single school year, no fewer than thirty deaf-blind persons were enrolled in colleges and universities across the country. Of this total, eight were primarily blind persons, while twenty-two were primarily deaf individuals. Of particular significance is the fact that only four of the thirty had ever attended a program especially designed for the deaf-blind; the remainder were educated either in schools for the deaf or for the blind, or in regular public schools.

One reason for the large number of deaf-blind persons in higher education is the fact that at least half of the total are the victims of Usher's syndrome, the combination of deafness from birth or an early age coupled with retinitis pigmentosa. Often in the past the individual's visual problem would not be recognized as blindness until the person reached adulthood, but today diagnosis is being made at a younger age.

Another important characteristic of the successful achievements of the deaf-blind in higher education today is the support services they are provided with. Most are provided with their own individual interpreter for each class. Many deaf-blind students are able to take a fuller part in classroom activities because they have learned to follow sign language, the same sign language used by many deaf people in the United States, through manually following the interpreter's translation of lectures.

Many of the deaf-blind in college today hope to become teachers or rehabilitation counselors, and are taking courses accordingly. Others are studying business administration, computer science and even modern languages.

While more than fifty deaf-blind persons have sought academic achievement through higher education, an equal number have enriched their lives through learning via correspondence. A number of universities have extension programs allowing students to study at home and receive their lessons by mail. Some deaf-blind students have availed themselves of this opportunity.

In the area of correspondence education of the handicapped, however, none can match the record of the Hadley School for the Blind. Offering a wide range of courses, Hadley has for many years provided the blind and the deaf-blind the opportunity to study at home, without cost to the student. The student may progress at his own rate, choose his own courses, and always receive individualized attention.

Any braille-reading deaf-blind person has access to Hadley's complete curriculum, and may study as effectively and conveniently as a blind person with hearing. A deaf-blind person may, too, complete his secondary education through Hadley, and may even take college-level courses for which he will receive university credit.

Most of the more than fifty deaf persons who have availed themselves of the opportunities offered by Hadley have at one point or another in their study, taken the course in "INDEPENDENT LIVING WITHOUT SIGHT AND READING." This course focuses on touch communication methods and daily living techniques that are especially designed for the deaf-blind. This course has even been translated into Spanish, Italian and French.

Few professionals in work with the deaf-blind have a very high level of expectation for the deaf-blind in the area of academic endeavor. Not too many are even aware of the success the deaf-blind have already achieved. But, as Helen Keller once put it, "Whilst they were saying amongst themselves, it cannot be done, it was done."

WORKSHOP AND SELF-CARE CENTRES
by **DR. RAISA MAREEVA**
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Deaf-blindness is a congenital or acquired, total or partial impairment of peripheral, receptor part of optic and acoustic sense, dumbness being a result of deafness.

Persons with not only total but also partial impairment of vision and hearing, that hinder from independent mastering verbal communication and from study on the basis of visual and acoustic perception, — are considered deaf-blind, or to be more exact, practically deaf-blind.

In other words, persons who due to their visual and hearing handicaps can not get education in special schools for the blind or for the deaf, are considered deaf-blind.

A deaf-blind person having abilities to be fully psychologically developed needs special course of corrective education. Without this course he is doomed to a full isolation from the community. At whatever age the deaf-blindness occurs, it strongly limits independence of the person, and first of all mobility, communication, understanding of the environment and labour activity. That is why getting over the barrier of isolation and rehabilitation of the deaf-blind becomes the general task and goal of special education.

The basis of education is compensation of the main defect and correction of shortcomings in psychological and physical development caused by this impairment.

Education, training and employment of the deaf-blind in the U.S.S.R. are the responsibilities of the state and provided by the state and public establishments.

Practical education, training, vocational and social rehabilitation of the deaf-blind are provided by the home for deaf-blind children of the R.S.F.S.R. Ministry of Social Security, at the training-production centre of the All Russia Association of the Blind in the town of Zagorsk and in the Sokolianski laboratory of research and education of deaf-blind children of the Research Institute of Defectology of the U.S.S.R. Academy of Pedagogical Sciences in Moscow. Deaf-blind children from the whole of the country are admitted to Zagorsk home for the deaf-blind.

Board and lodging expenses of the trainees are met by the state.

The deaf-blind in the country enjoy many benefits. They get pensions, their working day is shortened, they do not pay travel fares for urban and long-distance transportation means, as well as for staying in sanatoriums and rest-homes. If they have residual hearing they can get special acoustic devices also free of charge. Ordinary typewriters and Brailers can be gotten free of charge as well.

Scientific principles of our work on rehabilitation and training of the deaf-blind are based on general principles elaborated by experts in defectology. The most outstanding of them was prof. I.A. Sokolianski and dr. of psychology A.I. Mesheriakov.

It is very important to emphasize that the psyche of a deaf-blind person is not formed spontaneously, but develops as a result of his communication with other people; his psychological development is stimulated by various activities achieved with the help of an adult person and characterized by a transition of activity from the teacher to the deaf-blind.

Gestures are initial means of communication that arise on the basis of practical activities and are gradually replaced by verbal speech.

The basis of the pedagogical system for the deaf-blind is a vocational training as we believe that during labour activity the best conditions are created for the deaf-blind to be developed into an independent personality.

Vocational and social rehabilitation curriculum for the deaf-blind consists of several stages. Main tasks of the preparatory course are as follows: Organization of basic human behaviour, basic self-care skills, development of means of communication and mobility.

It is well known, that impairment of vision and hearing, especially if they occur in early childhood, — cause severe handicaps in psychological and physical development. That is why in the education of the deaf-blind priority is given to the initial stage, i.e. development of self-service skills (an ability to dress and undress, to make the bed, to wash, to eat neatly, etc.) It is in this activity that primary forms of communication and imagination as well as mobility skills and behaviour norms are developed.

The next stage is school education. During schooling the deaf-blind get general knowledge equal to the amount of knowledge of primary and non-full secondary school. Priority is given to an individual approach to each student. At this stage a study group consists of three persons. Smaller groups provide favourable conditions for individual work with each student. Successful mastering of eight-year curriculum allows a trainee to continue studying, if he wishes so, in order to get full secondary education.

A deaf-blind student is involved not only in studying general subjects but also in different kinds of meaningful work, i.e. self-service, work in a workshop, in a garden, etc. A meaningful task expands an area of communication, students get experience in mutual work, first social contacts are established. Meaningful work expands an area of interests of the trainees, develops love to work, friendly feelings, mutual assistance and facilitates the elimination of such negative features as egoism, idleness, negative attitude to manual work, sponging attitude towards other people, etc.

Although great significance is attached to work, priority is given to studies, for vocational training is impossible without a certain educational level.

Thus, adequate pre-school and school education and pre-vocational training as well as self-service skills and meaningful work lay the basis for vocational and social rehabilitation and a transition to vocational training and social adjustment.

Vocational training is divided into three stages. It is carried out in a rehabilitation workshop and at training-production centres of the All Russia Association of the Blind. During the vocational training the deaf-blind master such industrial skills as assembling, pressing, packing, sewing. Vocational training is combined with general education during the three stages.

At the first stage of vocational training which is provided in rehabilitation workshops, 25 hours per week are allocated to general education and 17 hours to manual work. Rehabilitation workshops have close contacts with local enterprises: a textile factory, a card-board factory and a toy factory, which allows the introduction of new items and operations in rehabilitation workshops.

At this stage the deaf-blind are trained to make safety pins, to assemble plastic punches, to manufacture veneer hangers for soft toys, brackets for dolls' eyes, to sew pillow cases, sheets, towels and bags. Introduction of technical aids arouses interest of the trainees in the work.

The deaf-blind youngsters of sixteen who work in rehabilitation centres are eligible to a pension. Half of the money they earn is given for their own use, the other part is given to the rehabilitation centre account.

The money is used for buying sports equipment, presents for holidays and other items as the trainees may wish.

At this stage, pre-vocational training is mainly intended for correction purposes, that is why monthly production quotas are determined individually.

The second stage of vocational and social rehabilitation of the deaf-blind is provided at a training-production centre for the blind.

There, job opportunities are evident.

Each of these jobs consists of 4-8 separate operations. At this stage, trainees who are offered independent work at a training-production centre of All-Russia Association of the Blind, continue to live at the boarding school where they are still looked after. These conditions lay a good basis for gradual preparation of the deaf-blind for socialization in a group of the blind.

Every professional team consists of six persons. It is possible to include more persons in the team because of a general level of their development, pre-vocational training and expanded mutual assistance.

Tutors who attend to the deaf-blind are responsible for accompanying deaf-blind persons to the enterprise and back, training in mobility and daily skills, assisting in communication with other members of the team as well as for teaching them general subjects in evenings and organization of their out-of-work hours.

During the second stage the week hours are distributed as follows: 35 hours are spent for professional work and 15 hours are allocated to a general education.

When the conditions of their work are changed, i.e. they are transferred from rehabilitation workshops to a training-production centre, their working conditions get closer to those of skilled workers, implementation of the plan being an indication of their vocational success.

The experience proves that a change of working conditions is accompanied by an alteration

in motivation. Thus, at first vocational success was motivated by an intention to earn a pension or to make more money. Further on deaf-blind workers become very active in the socialist competition and can be encouraged by a publication of an account of their vocational success in the wall newspaper or by being awarded with an honorary certificate.

Vocational success of the deaf-blind as well as working discipline and contacts with blind workers contribute to a great extent to creation of the wholesome atmosphere in the team and improvement of communication.

In order to expand areas of communication and to establish closer contacts between the blind and the deaf-blind different social activities are organized.

During joint country trips, sport competitions and excursions blind workers make closer acquaintance of their deaf-blind co-workers in natural situations, they come to understand their peculiarities better, some of them master finger speech.

At the second stage of pre-vocational training as well as in the course of all correcting work, priority is given to physical training with regard to lack of mobility of the deaf-blind caused by visual and hearing deficiency which affect the general health and bring about some physical impairment such as impairment of carriage and movement coordination. Different sport and social activities organized for out-of-work hours, as well as during the breaks at enterprises, provide for improvement of general health and the correction of some physical impairments. Morning exercises at home, breaks for physical exercises as well as trips in the country and going in for sports that are available for the deaf-blind are excellent means for comprehensive physical development and reducing fatigue.

Social and sport activities, and proper organization of leisure hours give the deaf-blind an idea of how to organize independently their out-of-work hours.

Properly organized leisure hours provide for a change of a form of activity for the deaf-blind. Leisure must not be considered as idleness or just a waste of time that can lead to a personality degradation. Leisure hours can be occupied by reading, playing chess or draughts or going in for any other kind of sport as well as talking with friends and doing some social work.

Deaf-blind workers can join trade-unions and get involved in the social work of the enterprise. The Comsomol organization launches different functions and involves its members into social work.

Individual and group technical aids are indispensable in vocational and social rehabilitation. They facilitate studies and work and are very helpful in everyday life. The most important function of technical aids is that of widening communication opportunities. There is a portable communicator, a direct communicating device, teletactile apparatus with feed-back and mutual communication and particularly, a TELETACTOR with a tactile line display that is widely used in studies and in work. These technical aids can be used even by the people who do not know special forms of communication with the deaf-blind (finger speech, braille).

Preparation of the deaf-blind for independent life requires also expanding of practical experience. That is why the school curriculum includes development of self-service skills, such as housekeeping, distribution of the family budget, compiling business papers, cooking and handling electric appliances. Deaf-blind trainees are encouraged to buy clothes, food, private belongings, and to use service enterprises and cafes. While talking with their teachers the deaf-blind also get some useful information about life and environment. The deaf-blind are taught table manners, are given examples of good taste. Good manners and an ability to entertain guests are as necessary for the deaf-blind as for any other people. It is important for a

deaf-blind person to be well dressed and to know what colors match his eyes, complexion, and hair.

At the third stage of vocational rehabilitation the deaf-blind work at an enterprise while they live either at a hostel or with their families. For those who prefer to work at home, necessary conditions are created in the home setting. Home-workers are supplied with equipment and raw materials by a local training-production centre.

At the third stage of the rehabilitation 35 hours per week are allocated to professional work while for general education 10 hours per week are intended. A tutor is responsible for 10 adult deaf-blind persons.

Our experience proves that deaf-blind workers achieve high productivity when working at training-production centres for the blind. They systematically produce industrial quotas, some of them even overfulfill the plan. Every worker can do several operations which result in high labour productivity. Labour loadings, industrial quotas, the duration of the working day, and conditions of work are determined in accordance with medical recommendations. At the third stage of the rehabilitation, sports and cultural activities are also promoted. Priority is given to the encouragement of the deaf-blind persons' initiative.

It follows from our experience that adequate education and vocational training result in widening job opportunities for the deaf-blind. Several deaf-blind persons succeeded in getting higher education and are engaged in scientific research. A deaf-blind woman, Olga Skorokhodova works as a senior research fellow at the Research Institute of Defectology. She is a master of pedagogics and an author of the book "How I Perceive, Imagine and Interpret the Environment". The book has been translated into several foreign languages.

Judging by personal remarks of the deaf-blind, the people who are deprived of eyesight and hearing do not want to live at the expense of society. They aspire to take an active part in work and social life in order to become contributing members of the community. The research workers and practical workers should direct their efforts to provide adequate education and vocational training to the deaf-blind so that they can enjoy their life and work.

THE DEAF-BLIND PERSON IN OPEN INDUSTRY

BY

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INTRODUCTION: The title, "PLACEMENT OF DEAF-BLIND PEOPLE IN OPEN INDUSTRY" fits well within the general theme of this conference, which is "THE DEAF-BLIND PERSON WITHIN THE COMMUNITY."

As I speak with you today, I must clarify what we mean when talking about "open industry". I will be referring to those individuals who have completed a rehabilitation program or educational institution program and/or who have demonstrated the skills and abilities to meet the challenges of "Competitive Employment." These individuals are performing the same job tasks for the same amount of pay, within the same working day, and meeting the standards of production, as anyone else with sight and hearing.

I hasten to point out that there are many deaf-blind individuals employed in sheltered workshops throughout our nation. For example, 55% of those individuals who have completed

the rehabilitation program at the Helen Keller National Center for Deaf-Blind Youths and Adults and who are in remunerative employment, are in sheltered workshops.

We, of course, are grateful that there are sheltered workshops which offer employment to those deaf-blind individuals who do not have the skills and abilities for competitive employment, but through this sheltered employment, are able to contribute economically to themselves, to the family and to the country as a taxpayer. We are however, not satisfied to see an individual remain in the sheltered workshop setting if he demonstrates the skills and abilities to meet the challenge of competitive industry. The individuals in sheltered workshops who are deaf-blind will be periodically reviewed to ascertain if they are ready for this challenge, then efforts will be made to seek competitive employment for them.

It is indicated, and I would like to briefly mention it at this point, there is one other way we use the sheltered workshop. If it appears that a trainee has the demonstrated abilities to enter competitive employment, but, for example, has never worked before or there be some question about his attitude, we will continue his training in a sheltered workshop. It is in this environment that he will be exposed to actual production demands, new individuals, and supervision away from the comfortable rehabilitation setting. Thus, if support services are needed, the rehabilitation staff would be available to assist the trainee. If, on the other hand, indications are that the trainee does not need such support services, plans are then made for him to return to his home community and efforts are made to find him competitive employment.

Therefore, in order to discuss the deaf-blind person in "competitive industry", I would like to explain the steps involved in placing him there. They will include the referral process of a deaf-blind person for competitive employment and the placement process. Finally, I would like to outline some of the jobs that we know deaf-blind people are performing in the country and conclude with some experiences from which we have learned over the years. However, before discussing these subjects, I would like to point out that the final placement is completed through a team effort. This team consists of the administration and staff at the Helen Keller National Center and the rehabilitation counselor of the sponsoring agency. We at the Helen Keller National Center would not be able to complete the total process without the support of the latter mentioned team member. It is with this team member that I, as the Placement Specialist with the Helen Keller National Center, work very closely. We exchange information and discuss our approach prior to contacting employers. This team effort will be discussed in more detail when we talk about the placement process.

THE REFERRAL PROCESS

All areas of training at Helen Keller National Center are important in helping the deaf-blind person return to his home community to a satisfactory situation. However, the Industrial Arts department is the one that furnishes this Placement Specialist with information dealing with the trainee's demonstrated work ability skills and work habits. This makes the referral process crucial to the individual trainee's program and to the Placement Specialist.

Most all individuals enter the Helen Keller National Center with the objective of "work". There are various recommendations that can be made for an individual upon completing the program. These recommendations can be: competitive employment, sheltered workshop, work activity center, homebound employment, a family enterprise or a recommendation of no work. If the latter is recommended planning between the Helen Keller National Center staff and the sponsoring agency counselor are made for a placement of the trainee with some other suitable objective. If an individual shows potential for work, the Industrial Arts supervisor will alert the Rehabilitation Counselor. The Rehabilitation Counselor will review the trainee's standing within the program and should evaluate the ability of the trainee and how much more he

or she can gain by remaining in each area of training. After making this evaluation, the Rehabilitation Counselor then has the responsibility of moving the trainee out of these areas as soon as indicated. It should be noted that no trainee will be taken from an area when there are benefits to be gained, but, on the other hand, no trainee will remain in an area once he or she has gained maximum benefits. As training decreases in the other areas the hours in the Industrial Arts department are increased, so that a simulated work day can be established.

The ultimate objective is to have the individual concentrate on the various assemblies and machine operations within the Industrial Arts department for a full work day. As the individual is moved to this particular stage of training, the Placement Specialist learns as much as possible about the individual. This knowledge comes from reading the case file, dialogue with all staff that is currently working with or has formerly worked with the trainee, and with the trainee himself. However, it is with the Industrial Arts staff that the Placement Specialist gets the information necessary in order to sell the trainee's demonstrated skills and abilities to an employer. It is also this staff that tells the Placement Specialist what level of employment the individual can achieve as demonstrated in this Industrial Arts department.

At the Helen Keller National Center we follow the principal of "Demonstrated Transferrable Work Ability Skills." This merely means that if an individual demonstrated over a long period of time, in a simulated work day, certain work ability skills, he or she should be able to carry these over to a new work environment, even though the sequence of the operation may be different. Thus, we are looking for the individual's ability to learn and retain both simple and complex work sequences, to demonstrate good bimanual coordination, finger tip dexterity and control, ability to work safely, ability to work tactually, (if necessary) and ability to demonstrate good spatial perception. There are other movements that an individual must demonstrate that he or she can do within any work restrictions based on the ophthalmological reports and work limitations based on the physical reports. These movements include bending, lifting, walking, standing, sitting, stooping and reaching.

Most individuals in the United States, whether deaf-blind or with full sight and hearing, lose their jobs not because they do not have the ability to perform the job tasks, but rather because of some attitudinal problem. At the Helen Keller National Center, we are concerned with this and we expect the trainees to demonstrate their ability to have good attitudes toward work. These attitudes include the ability to accept change, the individual's flexibility, the individual's ability to take good, constructive criticism, the individual's ability to work through complicated work tasks on his own, the individual's ability to ask constructive questions, as well as the individual's abilities to get to work on time, work up to his break and lunch periods and return on time, and the ability to sustain a full work day demonstrating good frustration tolerance.

This information will become most important when we discuss the placement process. It might seem like a great deal to ask an individual to demonstrate, but it is important that they do so because we need to tell an employer that we know more about this individual because they have demonstrated these good work ability skills and work habits as opposed to someone walking in from the street whom they know nothing about.

As the individual trainee demonstrates the potential to meet the standard of production in competitive employment, he or she is prepared to leave the center. This preparation includes intensified discussions between the trainee and the Placement Specialist. These discussions center around the trainee's understanding of work, what he expects to receive in salary, what an employer would expect of him and vice-versa, and what he can expect of the Placement Specialist. The latter point is important because it assures the trainee that the Placement Specialist will have visited the company prior to his entering employment. He is assured that the prospective employer knows that he is deaf-blind, that his demonstrated skills and abilities

will be transferred to a work sequence after a job analysis, and finally he is assured that he will have the support and instruction of the Placement Specialist during the early days of employment, or until he is able to demonstrate the potential to meet the standard of production.

As the Rehabilitation team agrees that the individual should enter competitive employment, arrangements are made for the Placement Specialist to meet with the sponsoring agency's counselor, in the trainee's home community. However, prior to these arrangements, the sponsoring agency's counselor has been receiving written reports from the Helen Keller National Center's Vocational Rehabilitation Counselor. These reports include the trainee's progress from the day of entry to the day of completion. They also include information that will enable the sponsoring agency's counselor to be aware of the types of jobs the individual can perform. Thus, it is at this point that the teamwork of the Placement Specialist and the sponsoring agency's counselor begins. The approach to placement is discussed between these two individuals.

PLACEMENT PROCESS

Placement, as I am sure you all realize, is a selling job. It is one of the most difficult selling jobs because you are initially selling a concept which is an intangible item. You are selling the concept that qualified deaf-blind people, after rehabilitation training, can work in competitive employment alongside sighted and hearing individuals. This concept that we at the Helen Keller National Center are selling consists of four basic parts: (1) through the selling process, we are making an employer aware that deaf-blind persons exist; (2) we are selling the deaf-blind person's overall abilities rather than his disabilities; (3) we must sell the rehabilitation program and how it prepares an individual to meet the rigorous standards of production in competitive employment; and (4) we are selling the demonstrated transferable work ability skills, and good work habits of a deaf-blind individual.

The successful techniques used in the rehabilitation of blind people are the same as those used in the rehabilitation of blind people are the same as those used in the rehabilitation of deaf-blind people. Knowledge of deafness, the education of deaf people and techniques in training deaf people are important. They are important in the areas of communication, vocabulary building and language development. The reason the successful techniques of the rehabilitation of the blind are stressed is that we are dealing with the overall physical movement of the individual. Thus the techniques found best in placing qualified blind people are also stressed at the Helen Keller National Center with only a few adaptations when placing deaf-blind people. The techniques used are the same as those taught at the University of Southern Illinois, Department of Rehabilitation. It is a five-step process including, Pre-Approach, The Approach, Demonstration, Placement and Follow-up.

1. PRE-APPROACH

This step consists of the preparation prior to approaching the employer. It is during this step that the referring Counselor or Placement Specialist researches the types of industry within the trainee's community. He may use the newspaper want ads, various industrial directories, local chambers of commerce, state employment services, personal observations of industry, word of mouth, the local libraries, as well as the yellow pages. One other source available to the referring counselor is the field representative of the Helen Keller National Center. The Placement Specialist should have information about the local companies within the community including the officers — in particular the name of the individual to contact at the company, the type of product being manufactured, to whom the company sells its product, the sales volume of the company, the specific address and telephone number, the number of employees within the company, if other handicapped people are currently employed there, the number of plants that the company might have within that community, and the transportation available to the company from the individual's home.

It is important that the referring agency counselor be able to carry out this first step prior to the visit of the Placement Specialist for the Helen Keller National Center. Obviously, the Placement Specialist from the Helen Keller National Center would be unable to be familiar with every industrial area in the country. If this step is carried out in detail, it is time-saving, and pre-arranged appointments can be set up.

II. THE APPROACH

In our program at the Helen Keller National Center attempts are made to have the referring agency's counselor contact the employer prior to the Placement Specialists's visit to the local community. If they or the Helen Keller National Center's Placement Specialist make the initial contact with the employer, it should be to the point. The prospective employer should be told that we want to discuss with him the placement of a qualified deaf-blind individual and the Rehabilitation Program, and how it helped prepare the individual to possibly become employed at his company. There should be no deception of the intent and a minimal amount of discussion should take place over the telephone. The initial visit might only be for a 15 minute interview, but at least the foot is in the door.

I do not believe in "Surprise" visits. The selling process should have a plan. It is true that the plan may change during the interview because of questions raised by the prospective employer, but initially one should respect the employer's time. Another reason I do not like "Surprise" visitation is that most prospective employers never heard of a deaf-blind individual and there is no need to create apprehension and risk the possibility of an employer not listening to you or, moreover, not even meeting with you.

There is still another reason why I do not like a "Surprise" approach, that is risking the possibility of embarrassing the prospective employer because he might have after thoughts. I would much rather have an employer have afterthoughts prior to an arranged meeting, because you can deal with them at that time.

III. DEMONSTRATION

It is during this step of the placement process that the Placement Specialist's selling abilities become intensified. There are two objectives during this step which could take place during the second visit. The first step is a plant survey and along with this, a job analysis.

A. Plant Survey

The Placement Specialist must be observant of the total layout of the plant for many reasons — the most obvious being the danger factor for a deaf-blind person in traveling to and from a work station. He must be able to inform the mobility specialist as to what to expect in a future orientation. In addition to this, other observations should be made such as the lighting situation (fluorescent, natural, or a combination of both); and is the plant free of shadows; if the plant is a single-floor or multiple layout; if the plant has heavy machinery with various types of moving parts; if the plant has fork-lift trucks and, if so, what particular routes the trucks follow; if the plant has wooden, tile or concrete floors, or a combination of any of these three; if the plant has a cafeteria and its location; if the plant has a smoking section, fire doors, water coolers and their locations; the location of the ladies' and men's rooms, as well as the location of lockers, time clock or sign-in sheet in relation to the employees' entrance; the ratio of females to males; the location of the supervisor's office and station; and necessary information, such as work week, work day, multiple shifts, break time, lunch periods, and union involvement, if any.

B. Job Analysis

It is here that we are concerned with the specifics of a particular job. Of course, the trainee's skills and abilities learned and demonstrated in the rehabilitation process become important. Thus, we attempt to match the trainee's skills and abilities to the job. There are situations where we will develop a job, but because of the lack of certain skills and abilities, the deaf-blind trainee in question cannot fulfill the job tasks. On these occasions, an effort is made to promote the job for a blind person.

1. Job Title

This requires nothing more than what the individual's title will be, for example: assembler, helper, machine operators, etc.

2. Job Description

It should be observed, during this step of the job analysis, what movements are needed to perform the total job, whether producing the finished product from beginning to end, or a sub-job to the finished product.

C. Job Specification

It is here that we must determine what is needed to perform those movements observed in the job description. We want to know if the trainee has the ability to bend, lift, reach, stretch, walk, stoop, turn and twist. In addition, we want to know if he has the ability to demonstrate the necessary dexterity, coordination, visual acuity (if any is needed), as well as any physical abilities required to meet the demands of the job tasks.

IV. PLACEMENT

This step will take place provided we have made our "sale". We will accompany the trainee throughout all the pre-employment procedures, including the interview, pre-employment physical, and the completion of personnel forms.

This is done primarily because of the communications factor, and in the interest of time. It should be noted that the trainee will already have received orientation from his home to the plant and within the plant prior to this placement step.

It is our policy to assist in the trainee's orientation to the job. This is the second reason for the plant survey and job analysis — the first being, of course, determining whether or not the trainee can perform the duties. We are assuring the employer that we will work with the trainee on the job until he demonstrates the potential to meet the expected standards of production. It should be noted that during this stage, the Placement Specialist is working with the foreman and fellow employees in showing them the best means of communicating with the deaf-blind worker, and encouraging them to be involved with the worker so as to make the integration as smooth and as complete as possible.

V. FOLLOW-UP

This step in the placement process is equally as important as the above mentioned. We visit and/or contact the employer to ascertain how the worker is performing on the job. It is here that we can, hopefully, prevent any problems from developing. It is also here that we can possibly advance the worker to a more challenging job, if at all possible — and most important of all — it is here that we are lending assurance to the employer that we will work with him continuously in order to make the placement successful and make it one of longevity. At the Helen Keller National Center we are proud of the fact that of all the placements made in competitive

industry only one person was dismissed and that was due to illness.

As you can see, there is an extremely important relationship between the referral process and the placement process. The information gained from the Rehabilitation Program is valuable because if I can draw an analogy between manufacturing and rehabilitation and getting the product to the consumer I would have to say that the Rehabilitation Program is the manufacturing firm; the trainee, his skills and abilities, is the product; and the employer is the consumer.

Many of the jobs that I am about to outline have been filled through this procedure. We gave emphasis to industrial training. However, the culmination of jobs will include other categories, such as clerical, para-professional and professional. We also emphasized the deaf-blind person in competitive employment, but regardless of whether he is in competitive or sheltered, the person's skills and abilities must match the requirements of the job task.

Therefore, keeping this in mind, I would like to share with you some of the various jobs that we know deaf-blind people are performing in the United States.

COMPETITIVE EMPLOYMENT

Machine operations; drill press operator tapping, boring; countersing operator; mandrel operator; flat-iron feeder and receiver; washing machine and dryer operator; dish-washing machine operator; lathe operator; power-press operator; kick-press operator; arbor hand-press operator.

SERVICE INDUSTRY

Shaker, sorter, and folder in hospital laundry; manual dish and pot washer in hospitals/motels; assistant to vending stand operator.

ASSEMBLIES:

Electrical assembly — including assembling electrical circuits and calibration work; power-pack assembly — assembly on a production line, using both power and hand tools, and small, medium and large parts; mass-production assembly; assembling bicycle components on a mass-production line; combination machine and hand assembly — fitting parts into machines using both pneumatic and hand tools.

CLERICAL

Messenger, blind services; library worker; (it should be noted that the blindness of a number of deaf-blind individuals takes the form of a severely constricted visual field, in which a fairly high degree of usable vision may remain); collator and packager in a large mailing division.

PARAPROFESSIONAL:

Instructor's aide; child-care worker.

PROFESSIONAL:

President of an educational institution; teacher/counselor with a state agency; systems analyst; computer programmer; public speakers; community director.

SHELTERED WORKSHOPS:

Sewing machine operator; bench and line assembler; pen assembler; broom maker; steel band mop assembler; trimmer; packager; collator and packager in sub-contract shops.

HOMEBOUND INDUSTRY:

Weaver; chair caner; broom maker.

As the rehabilitation program at the Helen Keller National Center grows, we hope to have the above list expand into new areas of employment offering greater opportunities for qualified deaf-blind persons.

THE LEARNING EXPERIENCES

Over the past 11 years, much was learned through the placement of deaf-blind individuals. I would like to emphasize, though I say "learned," much of what I am about to outline confirmed the beliefs that we in work for the deaf-blind already knew. I chose, therefore to list some of these experiences:

- 1.) We learned that deaf-blind people, when qualified, can be placed in open industry and are able to perform as well as sighted/hearing individuals performing the same job tasks.
- 2.) We learned that deaf-blind individuals can maintain employment for many years.
- 3.) We learned that formal communication does not necessarily have to be evident for successful employment. If individuals have the ability to learn, good demonstrated transferrable work ability skills and work habits, and a good knowledge of social awareness, they can be placed.
- 4.) We learned that employers are more and more receptive to the idea that those qualified deaf-blind people are employable because we can refer to successful placements in other companies.
- 5.) We learned that deaf-blind people who are employed have the same needs as those who are sighted and hearing. They need to be recognized as a person above all. They need to be accepted by fellow employees; they need to be able to express their likes and dislikes; they need acknowledgement and praise where indicated; they need to be corrected where indicated and they need to be remunerated at the same rate of pay for the same amount of work as anyone else, so they too can become a taxpayer instead of a tax consumer.

Thus, as you can see, inroads have been made in placing qualified deaf-blind individuals in open industry. However, we cannot stop at this point. We need innovative thinking, technology, more programs; inter-agency dialogue such as among educators, agencies for the deaf, mental health and blind; and the continued, dedicated work of rehabilitation personnel in order to continue placing and upgrading the deaf-blind individual in open industry.

SUMMARY OF VISIT TO THE HELEN KELLER CENTER

On Thursday, September 15th, the Helen Keller World Conference visited the Helen Keller National Center for Deaf-Blind Youths and Adults, at Sands Point, Long Island, one of the host agencies for the conference. The purpose of this field trip was to show the Conference participants this new facility, the only one in the United States exclusively devoted to the rehabilitation and training of deaf-blind persons.

Two buses, containing about 100 people, pulled up to the Center at 9:30 A.M. and a busy day was under way. After the visitors had an opportunity to enjoy coffee and an assortment of baked goods prepared by the trainees at the Center, they were greeted by Harry Spar, Director

of the Helen Keller National Center and Lou Bettica, Assistant Director, who provided some of the background on the Center and described how the tour would be conducted.

The visitors were then separated into seven groups of about 15 people and, guided by specially trained volunteers, were taken on a tour of the three buildings and surrounding grounds which comprise the Center. Each tour made ten stops and included the following aspects of the National Center's program:

Arts and Crafts	Orientation
Audiology	Psychology
Basic Education	Rehabilitation Counseling
Communications	Research
Gymnasium	Skills of Daily Living
Home Management	Social Work
Industrial Arts	Speech
Library	Technological Aids
Medical and Nursing	Vibrating Floor
Mobility	Vocational Placement

At each stop the visitors were given written information about that specialty and a selected bibliography.

In addition, the tour included a visit to the trainees' living quarters, unique in the number of innovations specially designed for the convenience and safety of deaf-blind persons, lunch in the residence dining room and a trip to the building which houses prototypes of an industrial laundry, automotive repair shop, greenhouses and dog kennels. The visitors had an opportunity to ride in the specially brailled elevators and to walk on the multi-textured paths where mobility is taught.

Perhaps the visitors' feelings about their experience was typified by the expression of delight on the face of one delegate from Norway upon touching the vibrating floor and realizing she could feel the beat of the music being transmitted through the floor.

The visit concluded with a question and answer session and another sampling of the culinary talents of the trainees before the return bus ride to Manhattan.

The Helen Keller National Center is operated by The Industrial Home for the Blind.

Dr. Richard Kinney
Chairman, Helen Keller World Conference
on Services to Deaf-Blind Youths and Adults
Statler Hilton Hotel
401 Seventh Avenue
New York, New York 10001

It is a great honor for the United States to host this very significant first annual meeting of the Helen Keller World Conference on Services to Deaf-Blind Youths and Adults.

We are all aware that deafness and blindness are two of the most catastrophic disabilities in the world today. Our citizens are grateful to those in our country who work in this important field and encouraged by their useful cooperation with colleagues from other organizations throughout the world in the effort to improve and increase services to the deaf-blind.

The difficulties facing handicapped individuals stem not only from their disability but from public attitudes toward that disability. You at this conference are dedicating yourselves to helping handicapped people overcome their problem and to dispelling the views of society which, in years past, impeded their progress.

I wish you well in your deliberations, and I appreciate the leadership and responsibility you have assumed in this critical task.

Jimmy Carter

CANADA
PRIME MINISTER • PREMIER MINISTRE

In a world of change and rapid travel, the faults of thoughtlessness and impatience with things we do not understand predominate, and too many leave to others the difficult task of coping with the needs of those who are afflicted. Your dedication is therefore all the more worthy of respect and admiration. Your magnificent work and tireless love is honoured by all who have encountered it.

My warm good wishes to all attending the Helen Keller World Conference on Services to Deaf-Blind Youths and Adults. May your excellent work long continue to brighten the lives of those you serve.

Pierre Elliott Trudeau

Ottawa,
1977.

A MESSAGE FROM THE PRIME MINISTER OF NEW ZEALAND,
RIGHT HON. R.D. MULDOON, C.H.

I send my warmest good wishes to the Helen Keller World Conference on Services to Deaf-Blind Youths and Adults. The Royal New Zealand Foundation for the Blind, founded 87 years ago, is represented because of its involvement in the training of deaf-blind children at Homai College, near Auckland, and the Foundation was given considerable assistance in establishing this unit by Dr. Richard Kinney and others involved in the education of the deaf-blind.

It seems at the time of writing that at least thirty nations, from the biggest to small ones like New Zealand, will be represented at the conference. No nation is spared its deaf and blind, or both, and equally so, few lack devoted, concerned people active in ensuring that these handicaps are minimised.

A conference like yours knows no barriers of race, politics, religion or the like. You are all there with a common purpose. I hope that not least of the good results that will come from the conference will be an expansion of services to the deaf-blind in the less materially fortunate countries. There are various yardsticks — economic, military, social — for measuring the strength of a nation. We will have reached a desirable state in international affairs when worth is measured by the extent to which voluntary agencies, with public backing, are prepared to assist those among their peoples who are handicapped in one way or another. I wish the Conference the success it well deserves.

R.D. Muldoon

5 September 1977

ABDALLAH M. AL-GHANIM
PRESIDENT OF THE MIDDLE EAST COMMITTEE,
WORLD COUNCIL FOR THE WELFARE OF THE BLIND
SAUDI ARABIA

Mr. President, Ladies and Gentlemen,

The number of centres and special institutes for the deaf and the handicapped in general has started to increase in the Middle East. In recent years, we concentrated our efforts on opening more institutes. By virtue of good understanding of officials, and sincere and continuous work of the public interested in the welfare of the handicapped, the number of Deaf schools in some countries of the Middle East increased to nine. This is other than institutes supervised by private societies or establishments. For example, there are six institutes for the deaf in Saudi Arabia, three for female and three for male students, situated in Riyadh, Jeddah and Hafouf. Besides the academic teaching in these institutes, students receive rehabilitation and vocational training in various trades. In Kuwait, there is a large collection of institutes under the name of Special Education; one of them is designated for deaf students. In Salt City, Jordan, there is also an institute for the deaf. In Damascus, Syrian Arab Republic, there is also a school for the deaf under the superintendence of the Arab Union of Societies for the Welfare of the Deaf.

Studies and designs are being made to establish—in the next few years—a large number of institutes for the handicapped in the United Arab Emirates, one institute to be designated for the deaf, others for the blind, mentally retarded and for paralyzed persons.

With the beginning of the new scholastic year, the Regional Bureau of the Middle East Committee for the Affairs of the Blind will open a special branch for the deaf in Bahrain Institute. This first step is considered as a nucleus for setting-up a complete institute.

In mentioning the above summary I mean to stress the idea that work in our region is carried out in multiple directions. Thus we may be able—despite technical difficulties and other obstacles facing us—to contribute all possible services not for the blind only, but for the handicapped in general. Efforts are being exerted to extend the services contributed by MECFAB to cover all the handicapped in the region.

The WCWB and the MECFAB have taken upon themselves to make every possible effort to attain the goals for which we meet.

I extend — once again — my thanks and appreciation for those who prepared for the convening of this conference, and I sincerely wish this conference every success. Thank you.

Mr. Harry Spar, Director of the Helen Keller National Center for Deaf-Blind Youths and Adults, introduced with praise and appreciation Mr. George A. Magers, Acting Assistant Commissioner, Office for the Blind and Visually Handicapped of the Department of Health, Education, and Welfare.

BANQUET ADDRESS
SERVICES TO THE BLIND AND SEVERELY VISUALLY HANDICAPPED IN THE UNITED STATES

**Mr. George A. Magers, Acting Assistant Commissioner,
Office for the Blind and Visually Handicapped,
DHEW, OHD, Rehabilitation Services Administration,
Washington, D.C. 20201, U.S.A.**

Much of what I have to say tonight will be old news for you who are from the United States. However, I am primarily directing my remarks to the many people from other countries throughout the world who are working with deaf-blind youths and adults. For the most part, I shall speak in generalities since time will not permit detailed information on the comprehensive services programs in the public and private agencies in America. Programs of services to the blind in the United States commenced in somewhat the same fashion as they were started in Europe. In short, the first organized efforts were with blind children and their education.

One of the world's truly great educators started in 1831 one of the most prestigious educational institutions which is still operating in our country. That of course was Samuel Gridley Howe, and the Perkins School for the Blind. As a result of Dr. Howe's efforts in the Boston metropolitan area, private and public residential schools for the blind were developed in other parts of the country during the last three quarters of the 19th century. I think that Dr. Howe's greatness can be illustrated by the imagination and ingenuity he demonstrated in training the deaf-blind girl, Laura Bridgman, and of course, as you no doubt know, that led to the eventual training of Helen Keller.

It was not, however, until the 1890's and the early 1900's that State agencies providing services to the adult blind commenced to develop in this country. A few private agencies had also begun to provide services on a multi-purpose basis, especially on the eastern seaboard. As services were developed for the adult blind, especially in eastern and midwestern States, the delivery system consisted of what for many years was known as Home Teaching Services, and it was during this period that the Industrial Home for the Blind was established. During the time from the middle 19th century until the late 1930's, there were brief periods when specialized programs were developed to enable blind persons to enter employment. These efforts, however, were particularly limited to geographic locations and were short in duration.

In a span of a few years—1936 until 1943—particular national legislation was enacted that had a tremendous impact on the blind and severely visually handicapped citizens in the United States. There were of course a number of progressive Federal statutes primarily as a result of the depression. There were, however, four laws that had a particular impact on blind people. They were:

1. The Social Security Act which underpinned substantial financial aid to blind people on a nationwide basis. Prior to the passage of that Act, financial aid for blind persons was left to States and counties, and for the most part was on a hit and miss basis.
2. The Wagner-O'Day Act which opened employment opportunities for blind persons through the provision of preferential consideration in government purchases through a newly organized corporation known as National Industries for the Blind.
3. The Randolph-Sheppard Vending Facility Act which gave blind persons preference with respect to operating small business enterprises in or on Federal property.
4. The Barden LaFollette Act which was signed into law in 1943 and for the first time

truly afforded vocational rehabilitation services to the blind and severely visually handicapped throughout the country.

It was through that Act that monies became available to give substantial assistance, physical restoration, vocational preparation, provision of tools and equipment, and job placement for the blind and visually handicapped.

The program initiated as a result of legislation during the late 30's and early 40's has gradually grown to a comprehensive system of services to the blind and visually handicapped in each and every State throughout the country. Vocational rehabilitation services are now available in every State or territory and are most often part of a total program of services to the blind, including rehabilitation teaching, prevention of blindness, rehabilitation center services, in many instances, sheltered workshops and, in a few cases, the responsibility for the education of blind children. For the most part, however, education of blind children continues to be the responsibility of the State educational department. While there continues to be the same number of residential schools for the blind as we had at the turn of the century, it is interesting to note that 65% of the blind children in the United States now attend public schools.

Like the public service delivery system for the blind and visually handicapped, private multi-purpose agencies have likewise grown throughout the country and certainly play their part in a total program assisting blind and visually handicapped Americans. The pattern of public and private agencies working hand in hand in providing services to blind and visually handicapped people is universally accepted in almost every part of our country.

All of the aforementioned, of course, bring me to the point where I can best sum up what I mean by pointing to the service delivery system as developed in the Helen Keller National Center for Deaf-Blind Youths and Adults.

Many years ago, long before legislation was adopted creating the National Center, The Industrial Home for the Blind in Brooklyn had started a rehabilitation center program for deaf-blind individuals. It was, for the most part, a combination of the success achieved by The Industrial Home for the Blind and the interest of the Federal Office of the State-Federal Vocational rehabilitation program that culminated in the legislation in 1967 that actually authorized the development of a National Center for Deaf-Blind Youths and Adults.

I am certain that during this week you have heard much and have seen much, concerning the Helen Keller National Center, but to sum it up, there is of course the wonderful campus that has been built on Long Island, and I believe there is none other like it in the world, and eight field offices geographically distributed throughout the country. A part of the Helen Keller National Center program involves the affiliation with a number of public and private agencies throughout the country in order to provide a comprehensive service delivery system for deaf-blind youths and adults. For deaf-blind youths and adults who require intensive rehabilitation center training, there is the campus on Long Island and for deaf-blind youths and adults who may not need the intensive type of training but do need rehabilitative services, there are service programs provided by the affiliated public and private agencies serving the blind and severely visually handicapped.

So often many of us in the field of work for the blind become discouraged or become impatient for results; however, when we look back over a generation, we can see the remarkable progress which has taken place in the United States, and I believe it can be measured in the same way in other parts of the world. Today, not only blind persons, but deaf-blind persons are entering the competitive world of work in increasing numbers, not just the very few outstanding geniuses such as Laura Bridgman, Helen Keller, Dr. Bob Smithdas and our master of ceremonies, Dr. Kinney. Many individuals who are deaf-blind with average intelligence and

ability are taking their place as normal, working citizens in our society. This indeed is a remarkable comment on what has happened in the field of work for the blind in America. We know we must continually push for improvement in the quality of services for the blind, for the severely visually handicapped, for the deaf-blind and for other multiply handicapped blind individuals if we are to realize in the next generation the same growth with the same increasing momentum as has happened in the last 30 years.

We sincerely hope that this seminar can be a motivating factor in stimulating increased attention to services not only for the deaf-blind but for other multiply handicapped blind persons throughout the world.

I thank you.

Mr. Joseph Larkin, Executive Director of the Industrial Home for the Blind, commended the conference for its excellent progress and pointed to goals ahead.

Miss Geraldine Lawhorn, on behalf of the World Council for the Welfare of the Blind, presented flags of all nations participating in the Conference to Dr. Peter Salmon.

**STATEMENT BY DR. PETER J. SALMON
AT THE BANQUET OF THE HELEN KELLER WORLD CONFERENCE
THURSDAY, SEPTEMBER 15, 1977**

Like all of you, I have been thrilled by the manner in which this first World Conference on Services to Deaf-Blind Youths and Adults has been carried forward. I have been particularly pleased with the participation of deaf-blind persons, the leadership they have shown, and the important contribution that they have made in the various aspects of this conference.

It is my happy privilege to have suggested this conference to the General Assembly of the World Council, when they met in Sao Paulo, Brazil, in 1974. I am pleased to say that the conference has come up fully to my expectations, and I am sure it has to yours. I have also been privileged to be a part of the planning of this conference and have been amazed, all over again, at the efficient manner in which the Chairman, Dr. Richard Kinney, guided the committee to insure its success. It certainly has turned out to be a landmark conference. As Chairman, Dick carried a very heavy load, and he did everything necessary in resolving the problems and taking care of the manifold details that such a conference entails.

I would like to propose that those attending this banquet — delegates, observers, and guests, now go on record as designating Dr. Richard Kinney as the goodwill ambassador for deaf-blind youths and adults throughout the world. I suggest that if you agree, you stand and indicate your approval by loud applause, so loud, in fact, that Dr. Kinney will hear it himself.

(applause with stamping and pounding on tables)

Dr. Kinney's response:

Thank you! I am touched—in fact, overwhelmed! But let me assure you that anything I have been able to do has been in cooperation with wonderful friends like Dr. Salmon and all of you here tonight.

The heroes and heroines of this conference are the interpreters, the barrier breakers who help us share our thoughts and work together. Let's invite the interpreters to stand while we give them a hand! (prolonged and vigorous applause.)

A WORD OF PROPHECY by Richard Kinney

Step after step in the right direction takes us where we want to go. As this historic conference draws to a close, we have taken a gigantic step toward our goal.

Our goal is the day when people who see and hear, people who see but do not hear, people who hear but do not see, and people who neither see nor hear will all live and work in the world community as freely and happily and constructively as you and I have lived and worked with one another at this conference.

Voices that had been silent now have spoken. Let the world listen and see and learn!

Deaf or blind or deaf-blind, we can all think. We can all act. We must all live.

We will think long thoughts and turn them into action till our conference meets again.

Group 1

The Definition, Demography, Causes and Prevention of Deaf-Blindness Finding and Identifying Deaf-Blind Persons

Leader: Dr. Edward J. Waterhouse, Director (Retired)
Perkins School for the Blind, U.S.A.

The group confined its discussions to the two following topics.

The group recommends that the Committee on Services to the Deaf-Blind of the World Council for the Welfare of the Blind appoint a small committee to study the problem of identifying deaf-blind persons of all ages throughout the world and to publish a strategy for developing appropriate services for them.

Definition: The group further recommends that deaf-blind individuals be defined as "persons having such substantial visual and hearing losses that the combined impairments cause extreme difficulty in the pursuit of educational, vocational and avocational goals."

Group 2

Working With Organizations of the Deaf-Blind

Leader: Mr. Suresh C. Ahuja, Executive Officer
National Association for the Blind, India

In a lively discussion and good participation, the group endorsed the ideas contained in Mr. Stig Ohlson's paper, "Working with Organizations of the Deaf-Blind." It was agreed that there was a need for organizations of the deaf-blind which would give them the opportunity of expressing their needs and desires, forming recreation clubs, etc. and persuading the authorities concerned to provide the services required for their benefit.

While some members felt that separate organizations of the deaf-blind be formed, others felt that they should be units within organizations of the deaf or of the blind.

It was generally agreed that while the establishment of organizations be encouraged by all concerned, the form and nature of the organization should depend upon the tradition, state of development of services, and the needs of each country.

Thereafter, the group considered the draft declaration on the rights of deaf-blind persons. A major point that came out strongly was the need for consultation of the deaf-blind by government departments, agencies and organizations providing services for the deaf-blind.

I thank the members of the discussion group for their lively interest and constructive participation.

Group 3

Maturing Youth and Active Adulthood — Needs and Services

Leader: Miss Louise D. Cowan
Social Services and Rehabilitation Training
Canadian National Institute for the Blind, Canada

Following Mr. Louis Bettica's explicit and forceful presentation, a large number of delegates convened to discuss needs and services relevant to deaf-blind people in middle life, maturing youth and active adulthood.

It was quickly established that the meeting should be, primarily, a forum for the deaf-blind delegates present. Mr. Bettica provided a necessary anchor of information and experience.

In this meeting, as throughout the conference, there was a plea to allow deaf-blind people to decide their priority needs and to involve deaf-blind people in the planning of programs and services affecting them.

In response to a question, Mr. Bettica elaborated upon the "total rehabilitation concept" explaining that evaluation and then follow-up appropriate training can be provided almost anywhere in the world, and is not restricted to specially equipped centers. The point was also made that rehabilitation is a life-long process. There should be periodic evaluation and further training. This also puts the deaf-blind person in touch with newly developed techniques and technology.

A question concerning dissemination of information elicited the concept that more braille should be produced in Grade I. For some, Grade I either would make possible communication between and among different language groups; for others, Grade I is the highest literary attainment possible.

Another significant concept that all deaf-blind people should have regularly scheduled ophthalmological examinations — the inference being the early detection of vision impairment.

In our meeting, as all through the conference, there was expressed the need and deep yearning for respect and self-respect. Although great effort should be directed to public education, our group stressed that the deaf-blind person must demonstrate his capabilities and interpret his needs.

And related to this responsibility is the need for deaf-blind people to learn the commonly accepted social behaviour. Workers and the deaf-blind family and friends have an obligation to instruct, correct, and discipline.

In our meeting too, it was evident that there must quickly be practical interaction between people now working with and on behalf of deaf-blind children, and those working with and on behalf of young adults. The needs must be identified, the services planned.

A statement was made which explained that the benefit of special training is wasted when the training is distant from home and in another language and foreign social pattern.

Another speaker made a strong appeal for access to the cultural world — museums and art. The deaf-blind person also has a spirit to nourish.

And finally, the group unanimously endorsed the following proposal —

That the conference authorities take appropriate steps to bring about the sharing among all countries of technology that has implications for deaf-blind people and so prevent duplication of research and speed the general availability of aids and devices that are of benefit to deaf-blind people in all countries of the world.

The discussion ended with the reminder that the deaf-blind person's basic need — the need to fill one's waking hours with activities that contribute to a sense of worth.

Group 4

The Deaf-Blind Person in Old Age

Leader: Mr. Derek Burton, Advisor for the Deaf,
Royal National Institute for the Deaf
Royal National Institute for the Blind, United Kingdom

Discussion group 4 met to consider the situation of elderly deaf-blind persons. It was felt that more publicity should be given in all countries to the **actual existence** of deaf-blind persons within the community. It was further suggested, that Governments should be approached for help in this matter. When a civil servant of the British Government who was present asked what sort of help was needed with this problem from Governments, very few suggestions were put forward. It became apparent therefore, that workers identified with work for the deaf-blind persons, should be prepared with realistic practical plans which their Government might **reasonably** be expected to implement, before pressurizing Government departments for help.

We next discussed the matter of special group residential accommodation for deaf-blind persons. Whilst it was pointed out that some deaf-blind persons prefer to live in the ordinary **non-deaf** community, there was overwhelming testimony from deaf-blind persons present, who were living in special flats in complexes for the deaf-blind, that they both preferred and benefited from such group accommodation.

It was agreed, therefore, that organisations and countries should be encouraged to provide or extend such accommodation.

Concerning communication, it was recognised, that a number of people who become deaf and blind in old age, are unable to effectively master the usual manual communication skills to an effective degree. It was felt that concentration on developing the skills of younger, more

able deaf-blind persons, should **not** obscure the need for supportive help for the older, less able, deaf-blind person.

Countries and organisations therefore should be encouraged to direct research, thought, and activity to the needs of this particular group of dependent deaf-blind persons.

Among other points raised, attention was drawn to the fund of **volunteer help** existing within the ranks of **sighted** deaf persons, which might be mobilised, in support of elderly deaf-blind persons. Delegates were also reminded that some institutionalised deaf-blind persons might need help in re-integrating into other communities if their accommodation is changed. A further suggestion was that in addition to developing the **personal** potential of the deaf-blind person, some resources should be devoted to improving his physical and social environment. This latter recommendation carries an implication of course, that countries and agencies should devote some effort towards the promotion of community education programmes relevant to the needs of deaf-blind persons.

Finally, the point was made that families with elderly deaf-blind members have **their** rights to some freedom of living, as well as their responsibilities to the deaf-blind person.

Group 5

Communication Through Manuals, Codes, Retained Speech and Technical Devices

Leader: Dr. Jan Lindstrom, Researcher
Handikappinstitutet, Sweden

The discussion started by identifying — very approximately — the means of communication available for deaf-blind people. The list was in agreement with the lecture given on this before by Dr. Baaske, and included:

- **Manuals**, i.e. the use of finger and hand alphabets and palm writing as well as lip/larynx reading.

- **Total Communication**, including sign language and gestures, i.e. all kinds of signs with hands, arms, and body, as well as mimics.

- **Codes** which here stands for temporarily coded, and usually tactually received information such as air streams from fans, touch, tapping and mechanical vibrations with simple as well as complex information.

- **Characters** like large print, raised letters and Braille on paper as well as other displays.

- **Retained Speech** covering the whole range from speech-like sounds to fully understandable sentences.

The choice of communication method is influenced by a number of circumstances, the most important of which are:

- the **Situation** described as man to man or remote communication

- the **Purpose**, i.e. if the goal is to send, receive or exchange information

- the **Mode** of communication: tactile, audio or visual or a combination
- the **Linguistic ability** to communicate, i.e. whether the person's use of language is good, poor or totally lacking.
- the **Means** of communication preferred by the deaf-blind individual, i.e. direct contact, personal assistance and/or the use of technical aids.

Two specific situations were discussed, i.e.:

- How does the deaf-blind individual prefer to communicate with his non-deaf-blind fellow-man?
- What problems are to be identified in remote communication with technical aids?

The first question was illuminated by several deaf-blind speakers. The following solutions were put forward (not in priority order):

- Writing on a pad (for those with residual vision)
- Lip/larynx reading
- The use of finger and hand alphabets and palm writing
- The use of sign languages and gestures
- The use of communication devices

Writing on a pad, the use of finger and hand alphabets as well as technical devices were put forward. It was strongly emphasized that, despite these solutions, human interpreters be available whenever necessary.

It was said that the non-handicapped population should both be informed about the conditions of deaf-blindness and so acquire a positive attitude to the handicap and be taught palm writing for instance, in order to be able to communicate with deaf-blind persons. The mass media has an important role to play here. The deaf-blind person on the other hand should learn to express him or herself as clearly as possible, for instance by speech training.

The second question was slightly extended to include questions on more sophisticated aids, about which there is a need of information to the deaf-blind, exchange of experiences between the deaf-blind and the researcher and international cooperation between researchers. Two kinds of devices were mentioned, namely braille telephone terminals and braille cassette readers. In both cases an investigation into standardisation should be carried out.

Recommendation

The participants of Group 5 recommend that steps and measures be taken so as to

- inform the public about the characteristics of deaf-blindness and promote their learning of a manual alphabet and also stimulate for instance an improvement of verbal communication by the deaf-blind.
- stimulate cooperation between researchers as well as between researchers and consumers and also influence governments in order to bring about adequate research, development, manufacturing, provision and training for communication aids for the deaf-blind.
- stimulate necessary standardisation work for an optimum utilization of communication aids.

— urge the World Council for the Welfare of the Blind Committee on Service to the Deaf-Blind to act for the unification of an international hand alphabet.

Group 6

Braille Resources for the Deaf-Blind Person What They Are and What They Could Become

Leader: Miss Molly White, Welfare Officer, Deaf/Blind Services
Royal National Institute for the Blind, United Kingdom

In considering their assigned subject — "Braille Resources for the Deaf-Blind Person — What They Are and What They Could Become" — the group identified two important factors calling for attention in providing information for the deaf-blind by means of braille.

Firstly, it is crucial for there to be prompt conveyance of current news to ensure that the deaf-blind are abreast of topics and events engaging the interest of those who have access to the usual news media.

From information available within the group, it was apparent that with few exceptions provision is not made for daily news to be given, and even weekly bulletins, which can be considerably behind with news, are of a low number.

With the introduction and exploration of computerized braille systems, the group were agreed with Mr. Cylke that the future looks promising but they felt that meanwhile, current needs have to be met by making greater use of existing resources, including volunteers who are likely to be able to assist with editing material.

Secondly, when selecting or preparing text for the special benefit of deaf-blind readers, it is necessary to bear in mind that not all readers will have acquired a wide vocabulary. In consequence particular attention needs to be paid to the composition of language and the method of braille production.

The group was mindful of the difficulties in quantifying needs. They recognized that the acquisition of language is normally governed by the age of onset of deafness and language is a significant element in the use of braille. In some cases fully contracted braille is the only acceptable medium, but provision must be made for those deaf-blind who can only widen their knowledge and interests by using uncontracted braille.

There was some questioning of the likely use of unabbreviated braille due to past resistance, the reasons for which were not fully apparent. In the United States a research project has been initiated to obtain facts about non-users of braille and in the United Kingdom there is ongoing research into requirements in terms of embossed literature.

In the knowledge that by far the greatest percentage of deaf-blind people are in the older age range, when lack of sensitivity in touch and a slowing down of mental processes may hinder learning, the group expressed some support for wider use of the Moon system of embossed print employed in the United Kingdom. The system is based on a modified form of the Roman alphabet, which is easily identifiable to those who have been familiar with print in earlier years. The main disadvantages are that it is bulkier than braille and is a one-way system, i.e.: it cannot be written. A recent prototype Moon writing machine has proved unsuccessful.

As with other aids intended for the benefit of deaf-blind people, the group was of the

opinion that there should be a sharing of information about regularly produced embossed literature. Therefore, Group 6 proposes to the World Council for the Welfare of the Blind that an International list of periodicals and papers in embossed types is drawn up, giving the name and address of the editor in each case and denoting the publications which are prepared specifically for the deaf-blind.

Discussion Group 7

Life-skills, Basic Self-Care, Mobility, Communication, Etc.

Leader: Mr. Theo Pauw, Principal
School for the Blind, Republic of South Africa

The group began this session by briefly considering the need for identifying some basic concepts relating to rehabilitation as a process towards gaining personal independence and ensuring recognition for the dignity of the deaf-blind individual. Some thought was also given to the measure in which these goals can be achieved with or without human assistance, technical aids and supporting services. Numerous practical issues surrounding the daily functioning of a deaf-blind person were reviewed against the background of personal care and of life in the home and work situation; communication with acquaintances and strangers, mobility; leisure, recreation and cultural pursuits.

Communication having been dealt with by another discussion group the matter was not further pursued, except to emphasize the fundamental importance of human contact and companionship, the promotion of communication by means of all the available and commonly used methods, and bearing in mind that the deaf-blind person is in constant need of information from his environment.

With reference to mobility and independent travel a proposal for international acceptance of a specially marked cane for the deaf-blind did not meet with general approval, but the value of some form of identification was recognized. It was also emphasized during discussions that it is appropriate (and as a safety precaution essential) for deaf-blind persons to accept human assistance at street crossings and in other circumstances involving danger or embarrassment.

In discussing family relationships it was stated by deaf-blind speakers that there are no insurmountable barriers to responsible parenthood and harmonious and rewarding family life for all concerned.

The following proposals are presented to the conference in plenary session on behalf of the discussion group:

1. It is recommended that the World Council for the Welfare of the Blind discuss the issue of standardizing a symbolized cane or other mode of identification to show that the user or wearer is both deaf and blind. An early decision is considered vital and should be made known through government agencies and voluntary organizations working with and for blind, deaf and deaf-blind people.

2. This conference places on record its deep and grateful acknowledgement of the inestimable services rendered by volunteer workers to the deaf-blind all over the world and underlines the need for ever-increasing volunteer resources as a pre-requisite for the continued successful integration of deaf-blind people into society.

3. This conference commends the untiring efforts of scientific and industrial research

workers in seeking to develop devices designed to help deaf-blind persons to overcome the limitations imposed by the combined loss of vision and hearing. It is placed on record that history has revealed numerous inventions that first met with failure or were initially rejected by society but proved in time to be the beginning of greater things. The hopes of deaf-blind people in every country of the world are placed on the effective continuation of existing research projects and the development of new ones which may help to enhance the quality of life for men and women deprived of sight and hearing.

4. While duly recognizing the admirable aspirations and exceptional achievements of deaf-blind persons in academic, professional and social areas of endeavour, the conference expresses its deep concern for the large number of young people who are both deaf and blind and who have additional handicaps preventing them from finding fulfillment in similar ways. It is urged that the needs of such deaf-blind people in every part of the world be identified and acknowledged by governmental and volunteer agencies through the establishment of appropriate educational and training programs as well as employment and residential facilities, that will give meaning to their lives and ensure the social and economic security of the deaf-blind population concerned.

5. This conference acknowledges the great advances that have been made in recent years in the education and training of deaf-blind children and the rehabilitation and social integration of deaf-blind youths and adults in many countries. It is felt, however, that there is an undeniable need for closer co-ordination of policy and of effort by educationalists on the one hand and rehabilitation authorities on the other. The conference respectfully requests the Committee on Services to the Deaf-Blind (of the World Council for the Welfare of the Blind), in consultation with the Committee of the International Association for the Education of the Deaf-Blind, to consider ways and means of achieving satisfactory co-ordination in order that the transition of deaf-blind youth from the school to the adult community may be effected according to principles, actions and plans involving agreement between the agencies concerned.

Discussion Group 8

Secondary, Higher, and Correspondence Education for the Intellectually Able

Leader: Mr. Keith Watkins, Inspector of Schools
Special Education, Department of Education
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New South Wales, Australia

The interesting and informative paper presented by Mr. Roderick Macdonald provided an excellent spring-board for a lively and productive discussion.

The exchange of ideas centered around the provision of more adequate higher education services for the "Intellectually Able" Deaf-Blind. However, there was a definite consensus on the need for further education services for all Deaf-Blind people.

The thoughts and ideas expressed are best summarized in the following resolutions:

1. Every Deaf-Blind person should have the opportunity for life-long continuing education.
2. It is essential that additional services be provided to insure that the more able Deaf-Blind reach their educational potential.

3. There is a need for better counselling services to insure a sound relationship between child and adult activities.

4. There should be many more opportunities for Further Education, not necessarily leading to a degree (e.g. the Gallaudet Adult Education Program).

5. All rehabilitation agencies should introduce Education Departments and provide funds for the employment of people with background qualifications in the Deaf or Blind.

6. There is a need for correspondence courses for the able who for physical or other reasons cannot attend a College - University - Further Education campus.

7. Every method should be used to bring Further Education to the Deaf-Blind.

Group 9

Workshops and Self-Care Centers

Leader: Mr. Robert Miller, Director (Retired)
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Recommendation #1:

Whereas Russia, United States and Norway seem to have the only workshop and self-care centers and other countries are in need of such service also.

We therefore strongly recommend that the World Council for the Welfare of the Blind ask the Helen Keller National Center for Deaf-Blind Youths and Adults to provide **an international training program** for those countries who need this training for their staff.

Recommendation #2:

Whereas most countries favored the idea of workshops for the lower functioning deaf-blind person.

We strongly recommend that workshops and self-care centers be established in all countries.

Recommendation #3:

Whereas it was requested that agencies for the blind providing service also to the deaf-blind person should not be considered the only ones providing services to the deaf-blind person.

We strongly recommend that **deaf** organizations be required to become involved by establishment of such workshops of their own due to their expertise in common communication methods with the deaf-blind person.

Recommendation #4:

Whereas we know that the rubella epidemic has resulted in many multiply handicapped youth in various parts of the world and we face this problem in the very near future.

Therefore, we recommend the World Council for the Welfare of the Blind to begin research on the needs of these deaf-blind youth in all countries and help to provide the additional staff to meet these needs educationally, vocationally and socially.

Group 10

The Deaf-Blind Person in Open Industry or the Professions

Leader: Geoffrey F. Gibbs, Director
Royal New Zealand Foundation for the Blind, New Zealand

It was our task to respond to the content of Mr. Robert Prause's paper entitled "The Deaf-Blind Person in Open Industry or the Professions".

The group was quick to concede that employment opportunity in either sphere often represents the final dream of the many dreams which have been expressed by the deaf-blind participants in this conference but they were less sure of the ways in which solution to the very real problems of placement might be achieved.

Areas which received attention included: Employment readiness; job selection through assessment and training; components of employer-employee relationships and placement activity.

They agreed on the importance of establishing adequate communication systems and as has been said many times this week a spread of ability in this area is of great value to the deaf-blind individual. Consideration was also given to legislative measures which have been introduced into a number of countries in an attempt to establish employment opportunities for the handicapped as a whole. Fear was expressed that such measures may tend to favour those easiest placed and not those with the more severe combination of handicap as imposed by deafness and blindness. The real danger being that legislative measures often stress quantity rather than quality in both early and long term goals.

A number of participants advocated the formulating of a common definition of deaf blindness so that understandings and comparative statistics become more meaningful. I am pleased to note that such a concept has already been considered and accepted by the Conference this morning.

Our recommendations to the Conference are brief:

1. Statistics point to changing attitudes to the deaf-blind in open industry and the professions, however, to the present individual personality characteristics in the deaf-blind population themselves appear to have been the driving force behind successful placements. We commend agencies for their strong supportive role and request continued service in improving community but particularly employer and fellow employee understandings of the needs, aspirations and skills of the deaf-blind.

2. Secondly, we see it as an agency task to communicate technical developments to all deaf-blind persons but particularly to those persons employed in a competitive situation. We also encourage consumer participation in any form of equipment analysis.

3. We would also encourage the provision of on-going education services for the deaf-blind individuals particularly in the area of inservice training and re-training for employment.

4. We feel reasonable modifications can be expected to employment roles in open and professional posts, and that it would be of tremendous benefit to all concerned if greater use was made of the internship concept for deaf-blind personnel.

5. Finally,

In many countries unemployment is of increasing concern in all sectors of the community. With this development occurring on such a widespread basis future placement opportunities are likely to be considerably reduced, therefore it is important that the offer of sheltered employment continue to be made and even developed further for our deaf-blind populations as the opportunity to earn an income is an integral part of self dignity and self respect.

A DECLARATION OF RIGHTS OF DEAF-BLIND PERSONS

adopted by the

Helen Keller World Conference on Services to Deaf-Blind Youths and Adults, sponsored by the Committee on Services to the Deaf-Blind of the World Council for the Welfare of the Blind; September 16, 1977, New York City, U.S.A.

PREAMBLE

Delegates from 30 countries around the world assembled for this first international conference on services to deaf-blind youths and adults, welcoming the United Nations Declaration of Human Rights and the Declaration of the Rights of Disabled Persons, have agreed upon and have adopted the following Declaration specifically concerning the needs and rights of deaf-blind persons and commend it to the attention of the world community:

ARTICLE 1

Every deaf-blind person is entitled to enjoy the universal rights that are guaranteed to all people by the United Nations Declaration of Human Rights and the rights provided for all disabled persons by the Declaration on the Rights of Disabled Persons.

ARTICLE 2

Deaf-blind persons have the right to expect that their capabilities and their aspirations to lead a normal life within the community and their ability to do so shall be recognized and respected by all governments, administrators, educational and rehabilitation personnel and the general public.

ARTICLE 3

Deaf-blind persons have the right to receive the best possible medical treatment and care for the restoration of sight and hearing and the services required to utilize remaining sight and hearing, including the provision of the most effective optical and hearing aids, speech training, when appropriate, and other forms of rehabilitation intended to secure maximum independence.

ARTICLE 4

Deaf-blind persons have the right to economic security to ensure a satisfactory standard of living and the right to secure work commensurate with their capabilities and abilities or to engage in other meaningful tasks, for which the requisite education and training shall be provided.

ARTICLE 5

Deaf-blind persons shall have the right to lead an independent life as an integrated member of the family and community, including the right to live on their own or to marry and raise a family. Where a deaf-blind person lives within a family, greatest possible support shall be provided to the whole family unit by the appropriate authorities. If institutional care is advisable, it shall be provided in a surrounding and under such conditions that it resembles normal life as closely as possible.

ARTICLE 6

Deaf-blind persons shall have the right, and at no cost, to the services of an interpreter with whom they can communicate effectively to maintain contact with others and with the environment.

ARTICLE 7

Deaf-blind persons shall have the right to current news, information, reading matter and educational material in a medium and form which they can assimilate. Technical devices that could serve to this end shall be provided and research in this area shall be encouraged.

ARTICLE 8

Deaf-blind persons shall have the right to engage in leisure time recreational activities, which shall be provided for their benefit, and the right and opportunity to organize their own clubs or associations for self-improvement and social betterment.

ARTICLE 9

Deaf-blind persons shall have the right to be consulted on all matters of direct concern to them and to legal advice and protection against improper abridgement of their rights due to their disabilities.

ADDENDUM

For purposes of implementation of the DECLARATION OF RIGHTS OF DEAF-BLIND PERSONS, the definition of deaf-blind persons adopted by the Helen Keller World Conference on Services to Deaf-Blind Youths and Adults is as follows:

"Persons who have substantial visual and hearing losses such that the combination of the two causes extreme difficulty in pursuit of educational, vocational, avocational, or social goals."

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